PLEASE

VS A15

RESERVED FOR BINDING

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/00

CERTIFICATE OF DEATH

08177 leg, Dist. No. 248

/				1108.
	ince Geor	ges	2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of Maryl and	OF DECEASED: mother) pri. Geo.
City or townEd	dmonston			unity FLLE GOOS
(If	outside city or town li	mits, write RURAL and give nearest town)	City or town Edmonston	
How long in above place	ce of death?	yrs.	City or town (if outside city or town limit	ts, write RURAL and give nearest town)
Hospital, institution, o	or street address where	death occurred:	Street No. 4811 52nd Ave	9
4011	52nd Ave	•	(If rural, glv	e LOCATION)
How long in hospital	or Institution?		2.(a) 11 veteran, name war	
3. (a) FULL NAM	HOBAR	T MCKINLEY ARMENTRO	UT	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Male	White	Married	20, DATE OF DEATH.	9 1047 11394
	Mary	Estelle Armentrout	21. I CERTIFY that death occurred on the date ab	pove Stated; that I attended deceased from
6.(b) Name of husban	d or wife	56		
7 01-11 4 14		6.(c) if alive, give age 56 year	rs	19
7. Birth date of deceased (mo., day	The second secon	11-19-1991		
8. AGE: Yea		Days If less than one day	Immediate cause of death	DURATION
50		hrs. min	was a	
				ee o
9. BirthplaceW	est Virgi	na	Due to	
	(Town,	county, and state)	rango ala	0000
1D. Usuai occupation		Salesman s	·· Due 10	**
11. Industry or busine	os Own Bus	iness		
				of 5 or
E	W. Va.		Other conditions	······································
			(Include pregnancy within 3	months of death)
H 14. Maiden name	Unknown	1		
TO			Major findings of operations	
	W. Va.			
16. Informant	irs. Mary	E. Armentrout	Aotopsy resolts	
4811 52r	d Ave.	Edmonston, Md.	PHYSICIAN: Please ouderline the cause to w	which death should he charged statistically.
TOOLSE OUT	· O	Zest 10.1947	22. VIOLENCE: if death was due to external ca	suses, fill in the following;
17 Dur	on, or removal, Which?	Date thereof (month) (day) (year)	Accident, suicide, or homicide	Date of
(Burial, crematic	on, or removal, Which	month) (day) (year)		
Cemetery or crema	itory	re year	Where did injury occur?(City or town)	(County) (State) L
Location	W	rest ()a	Injured at home, farm, industry, public place (where?)
LUCATION	44	achi and	Means of Injury	Injured at work?
18. Funeral director.	~ ~		1000 P. 1	e alost time
Address	Helas	terelle ons.	respecting "	0
1	11/	4. 0	23. SIGNATURE	M. D/Polings
19. 00 1	10 194	mo tas severe	f. C.Drene	2011 Las 4-941
(Date rec'd by	registrar)	What Line Registra	Address	Date signed.

belyunl soink * 6 01 - 61-11 .15

. Av. being This

SEP 13 1947

1. PLACE OF DEATH

How long in hospital or instilution? 3. (a) FULL NAME

6.(b) Name of husband or wife ...

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

3. (b) Social Security Number

CERT	TET /	CATE	OF	DE	ATTE
. P. K		A I P.	C J P	175.7	

2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated; that lattended deceased from

7. Birth date of deceased (mo., day, yr.) If less than one day 8. AGE:

9. Birthplace

(Include pregnancy within 8 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

21. VIOLENCE: If death was due to external causes, flil in the following:

Where did injury occur? (Clty or town)

(State)

lojured at home, farm, Industry, public place (where?) ...

Meens of Injury

23. SIGNATURE

Injured at work?



PLEASE WRITE PLAINLY,

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

470

08179

CERTIFICATE OF DEATH

or Dist No 245

7 Z.L		
1	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
1	County Frince Leorges	(For newhorn infants give residence of mother)
		State md. County Trine Georges
	City or town	^ ()
	How long in above place of death? \ mo. 14 dam >	City or town (If outside city or town limits, write RURAL and give nearest town)
	Hospital, Astitution, or street address where death occurred:	Street No. 6 0 3 Main St
Ш	a want Mensing Avalue	(If rural, give LOCATION)
	How tong In hospital or institution?	2.(a) It veteran, name war
	3. (a) FULL NAME	3. (b) Social Security Number
-11	Mellie Yan Barke	
- 11	4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION , 7
-11	Lemme while Diroced	Q . + 7 12 12 0
	Jemmi Hiller Divoces	20. DATE OF DEATH 19 1/2 21 12 P. M
	6, (b) Name of husband or wife Horand Clintin Barker	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
		4/7 176 10 Sept 7, 1047
- []	7. Birth date of deceased (mo., day, yr.) Dec. 12,1884	and that i last saw h estative on Sept. 6, 18.4.7.
		Immediate cause of death
- []	8. AGE: Years Months Days It less than one day	Cascing Ling. 140
	(2 8 26min.	
	0 1 . V. 0 + 9 1.	Carcina Certifica
	9. Birthptace Julas Ki Comty Indiana (Town, county, and state)	Due to

	10. Usual occupation. Aurise wife	Due to
-11	11. industry or business	
	E 12. Name Hibberd and	Other conditions
	\$ 13. Birthplace austry. Qlis	
		(Include pregnancy within 3 months of death)
	王 14. Maiden name	Majur findings of operations
	14. Maiden name Covelin Budd 15. Birthplace Pulaski, Sadi inna	
	1. O G G h (danathin)	Date of op.
	16. Intermant	Autopsy results
	Address 603 main St. Lange md.	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
-11		22. VIOLENCE: It death was due to external causes, till in the following;
	17 Berial Date thereof Sept. 10,1947	Accident, suicide, or homicide
	(Burial, cremation, or removal, Which?) (month) (duy) (year)	
	Cemetery or crematory Meadow suge Mon. Fast	whera did Injury occur?
	Alasace Med	Injured at home, tarm, industry, public place (where?)
	Location Control Contr	
1	18. Funeral director whe We Will Moreal Mary	Means of Injury Injured at work?
	Address Lange Creat.	D. Va Herman
	lett y land down	23. SIGNATURE M. D. or other
H	Sept 9 1947 James Devery	Sept. 7. 194

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SEP 9 1947

BUREA! F 8

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ear newborn infants give residence of mother)
County County	Mariland Parage Va. Va
Gity or town	10-21-1144
How long in above place of death?	(If our decity or town limits, write RURAL and give nesrest town)
Hospital, Institution, or street address where death occurred:	1-10 Eastween
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	and Blew 3. (b) Social Security Number
4. Sex 5. Color or race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W married	20. DATE OF DEATH September 25, 1947 at 1/30
la lana	21. I CERTIFY that death accurred on the date above stated; that attended deceased from
6.(b) Name of husband or wife	Lenters 69 25 744,19 47 10 46 Penley 25 1647
	and that I last saw h.M.M. alive on September 25, 1947
7. Birth date of deceased (mo., day, yr.)	
8. AGE: Years Months Days If less than one day	Immediate caose of death OURATION
63 9 12 hrsmin.	Lubaracius of nemorities 5 week
9. Birthplace Rane Pa	Due to
(Town, county, and state)	
10. Usual occupation.	Due to.
11. Industry or business R- 7-0. US Grad	Due to
12. Name Wm - C. Blew	Other conditions
	Differ Collections
	(Include pregnancy within 3 months of death)
14. Maiden name Marff Packer 15. Birthplace	Major findings of operations
S 15. Birthplace	Date of op.
Man & Olyman & Black	Aotopsy results.
16, informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1 - E Bull Wary Green rely	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burki, cremation, or removal. Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
(Burkil, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory	Where did Injury Occur?
Location Same 12	Injured at home, farm, Industry, public place (where?)
She SH Hime C	Meens of injury Injured at work?
18. Funeral director	2 Me de la la m &
Address 2401-14th SI MW	23. SIGNATURE THEM WOULK, 111.0
10 Selt 25 1946 margas Severe	30 12 Mars D. M. Jak 2 M. D. or other
(Date rec'd by registrar)	Address 30 -15 hay col Julivey Mate signed 4/28/9

UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

WRITE

PLEASE

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FOR BINDING

RESERVED

MARGIN

Mr. W. H Blew was attended by & Louis Ross, 1801 j. St. M.W. dwring this Almen. I worstantie & Ross. - ...

A Bayed, caroner, was notified & approved.

Hum Woodel M. S.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08181 Reg. Dist. No. 243

1. PLACE OF DEATH: County Prince George's City or town. Glenn. Dale, Md., - Rural (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 45 days Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium How long in hospitat or institution? 45 days 3.(a) FULL NAME RICHMOND P. BOYDE 4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced male white single	MEDICAL CERTIFICATION
5.(b) Name of husband or wife	20. DATE OF DEATH. SEPT. 15 19 47, at 5: 35A.) 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from AVG. 1947, to SEPT. 15 19 47, and that I last saw h.d. 224, alive on SEPT. 15 19 47.
8. AGE: Years 9 14 It less than one day 47 9 4 It less than one day hrs. min. 9. Birthplace Statesville, N.a Carolina (Town, county, and state) 10. Usual occupation Engineer on railroad	Due to. Duration Duratio
11. Industry or business 12. Name	Other conditions
Address 17. (Burial, cremation, or removal, Which?) Cemetery or crematory. Location Address Date thereof	Autopsy results. The control of the
18. Funerat director. W. W. Address / 400 Bestin St. N. W. 19. Left 15, 18, 47 Rowland S. Philip (Date rec'd by registrar) Registrar	Address. Signature Dale MA, Date signed 9-15-47

SEP 25 1947

PLEASE WRITE PLAINLY, is especially

VS/A15.

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

460

CERTIFICATE OF DEATH

08182 Reg. Diat. No. 242

•	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County County	(For newborn infants give residence of mother)
City or town	State County County
How long in above pisce of death?	City or lown. 11 outside city or town limits, writh RURAL and lave pearest town)
Hospital, Institution, or street address where double observed:	1 Section 1
Down Holen Voca	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It vetersn, name war
3. (a) FULL NAME	(1) 3. (b) Social Security Number
Wammie Maydo	here of co-dus
5. Color or race 6.(a) Single, married widowed, or divorces	MEDICAL CERTIFICATION
Kwall Calved Widon	20. DATE DE DEATH SEST STORE 19 4) at 120 P
al 10. O vooden	
6.(b) Name of husband or wife	21. I CERTIFY that desth occurred on the date above stated; that I attended decessed from
7. Birth date of	19
deceased (mo., dsy, yr.) Work 18/11	snd that I last saw halive on
8. AGE: Years Months Days If less Han one day	Immediate cause of death
76 5 27hrsmin.	
Westlot D. h	
9. Birthpisce (Town, eounty, and state)	Due to
1D. Ususi occupation The Consultation	Daniel De Colora
11. Industry or business	Due to.
12. Name 12. Name 13. Birthplace 2	Dither conditions.
	(Include pregnancy within 3 months of death)
HE 14. Maiden name 15. Birthplace	Major findings of operations.
\$ 15. Birthplace	Date of op.
16. Informant Colorese Dueston 1	Autopsy results
Address 5 24-TST hu intablation De	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 25 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: If death was due to external causes, till in the following;
17	Accident, suicide, or homicide
Cemetery or crematory Foreshull MA	Whers did Injury occur? (City or town) (County) (State)
N	Transfer of the second of the
Location rauge of may comply	Injured at home, farm, Industry, public place (where?)
18. Funeral director 1 two travelly	Msans of Injury Injured at wark?
Address 389 T. A. and.	Megaly menty
0 14 11 20 20 20 11	23. SIGNATURE
19 Sept 16 19 47 Edua + Ollins	Topphalling 2-15th

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SEP 22 1947

2411 N. Charles St., Baltimore

OURATION

DEATH

CERTIFICAT	E OF DEATH Rog. Di
1 PLACE OF DETH: County County City or town (If outside fity or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death pecturred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborns finants give residence of mother) State
mariella Brooks	nos
female white widowed, or divorced with with the widowed	MEDICAL CERTIFICAT SEPT. 20
8. (6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I a FUGUST 29 19.47 to and that I last saw h. ER. alive on Sept. Immediate cause of death 17 CUTE CORDNARY 000
10. Usual occupation	Due to HYPERTENSIUE CARDIOV,
12. Name	Dither conditions
14. Maiden name marks mores of 15. Birthplace name from Mary Shire	Major findings of operations
16. Informant mrs mal friel Address My artsville Ind,	Autopsy results
17. (Burial, cremation, or removal, Which?) Cemetery or crematory.	22. VIOLENCE: It death was due to external causes, till in the tolk Accident, sulcide, or homicide
Location Fundand Ma 18. Funeral director Flasche Sons	Injured at home, farm, industry, public place (where?) Misans of Injury Injured a
Address Jallsville ma 19. Dett 23 19 HJ Mo Jas Livere (Registrar	23. SIGNATURE 2. V. Clare

	State County Cro Les County or town (If oytside city or town) write RURAL and give nearest town)
	Street No
-	3. (b) Social Security Number
	MEDICAL CERTIFICATION 20. DATE OF DEATH SEPT. 20 1947 at 1.77 P
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from PU6U5T 29 19.47 to Sept. 20 19.47 and that I last saw h. E.R. alive on Sept. 19 19.47.

CORDNARY enlized Arterio scleruis YPER TENSIVE CARDIO VAS. DISSE

Please underline the cause to which death abould be charged statistically.

CE: It death was due to external causes, till in the following:

cide, or homicide.....

jury occur?(City or town)

me, farm, industry, public place (where?)

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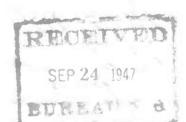
PLEASE

BINDING

FOR

RESERVED

MARGIN



08184

CERTIFICATE OF DEATH

V		CLICITI	TCATE OF DEATH	Reg. Dist. No.
1. PLACE OF			2. USUAL RESIDENCE (For newborn infants giv	IOME) OF DECEASED:
County	Daniel State			2 6
City or town	Upper VV	imits, write RURAL and give nearest to	Stato	Coonty
Married Co.	, ,	7 -	City or town DEdatal	or town limits, write RURAL and give nearest town)
	on, or street address where	Adam occurred:		7/
			Street No	(If rural, give LOCATION)
How long in hospi	ital or institution?	***************************************	2.(a) If vetoran, name war	
3. (a) FULL N	IAME		0	3. (b) Social Security Number
A 6) E Galancia) 6 (a) Shala and daile at the	Brown	
4. Sex	5. Color or race	6.(a)Singlo, married, widowed, or divorced		DICAL CERTIFICATION 4
14	C		20. DATE OF DEATH.	5 Gef 47 19 11 11 11
0.000		-		on the date above stated: that I attended deceased from
B.(O) Name of hus	sband or wife		15547	19. 47. 10. 15. Sept. 19.4.2
7. Birth dats of		B.(c) It alivs, givo age	and that I last saw h alive	
deceased (mo.,		Jept 47	Immediate cause of deaths	
8. AGE:	Years Months:	Days If less than one day	-11 11	Esio 3min
		hrs3	min,	
	Ra	Go. P. Ins	No. of W	7 1-
9. Birthplace	(Town	connty, and state)	Buo to Charles and	Ushlag
to Houst sesses	tion Have	¢		
		Port \$ 0000 \$1.0 0000 1 10000 2 2 2 2 2 2 2 2 2 2 2 2 2	Dus 10	
11. Industry or bu	K-1.)))	181.11 31 E		
12. Name	- Angola	Danie Unk	Other conditions	•••••••••
	e Soldan	an Mil	(Include pregna	
14. Maiden m	ame Francis	As Brown	(Include pregna	ncy within 8 months of death)
101	0.0		Major findings of aperations	
≥ 15. Birthplace		inglin , Mil	400014000100010000000000000000000000000	Date of op,
16. Informant	Melle	125 Grasa		
Address	Chalt	Enham Md	PHYSICIAN: Please underline th	e cause to which death should be charged statistically.
14		10/11/71	92. VIOLENCE: If death was due	to external causes, 1111 in the tellowing;
(Burial, crema	ation, or removal. Which?	Date thereof (month) (day) (y	ear) Accident, sulcido, or homicide	Dats o1
Comotory or cre	hard	(Rozana)		ity or town) (Connty) (State)
	Ral	married A	The state of the s	Sty or town) (Connty) (State)
Location			Means of injury	/Injured at work?
18. Funsral direct) 1/2	July War	Pal	201 1 1
Address	sipper he	allow hid y	23. SIGNATURE.	Massey My
19. Dem	17/ 1945	7 Cay on	16 1001- 2	M. D. or other
(Date rec'd b	y registrar)	Jozef 1	Registrar Address	Date signed & July

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legi

MARGIN RESERVED FOR BINDING

HEAD TO STANIANT WATER

SEP 18 1947 BUKEAU 8

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46R

08185

CERTIFICATE OF DEATH

2115

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Prince Tegigls	(For newborn infants give residence of mother)
City or town Riverdale	State Md. County Trend Georgie
if outside city of town limits, write NUNAL and give nearest town)	City or town Reversal
How long in above place of death? The street address where death necessity.	City or lown
Hospijat, Institution, or street address where death occurred:	Street No. Garlero Land
Leland memorial Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Olga Wordruft Campbell	500-03-9271
4. Sex 5. Color or race (a) Single, married, wid wed, or divorced	MEDICAL CERTIFICATION
7 W Single	20. DATE OF DEATH Lept. 28 1947 21 443/1.
6,(b) Namo of husband or wife	21. I CERTIFY that doubt occurred on the date above stated; that I atjunded deceased from
	SCRT 2/ 194/ 10 Supt 28 194/
7. Birth date of	and that I last saw h u alive on Supt 2 5 19 4
deceased (mo., day, yr.) may 14. 18/2	
8. AGE: Years Months Days It less than one day	Duration Duration
7 1 14hrs	nin.
1 Pris Miss musi	- Carcinoma Msiamord 6 m
9. Birthplace (Town, county, and state)	Due to Colore
PA Time NAMA	
1D. Usual occupation.	Due to
11. Industry or business	
12. Name John augustus Campbel	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Sophia Vasiloviena Parlo 15. Birthpiaco Glaska	
Glada.	Major findings of operations.
≥ 15. Birthplaco	
16. Informant Chart records	Antopsy results.
Address Leland Marmorial Hospital	PHYSICIAN: Please underline the cause to which death should be charged statistically.
011 10104	22. VIOLENCE: If death was due to external causes, fill in the following;
Date thereof	Accident, suicide, or homicide
(Burial, cremation, or removal Which?) (month) (may) (year)	Where did Injury occur?
Cemetery or crematory	Where did Injury occur?
Location Skind thouse Marylan	Injured at home, farm, Industry, public place (where?)
LUCATION	Maens of injury injured at work?
18. Funeral director	211201
Address 1756 timelle New.	- 111 Malla ma-
AUGUESS	23. SIGNATURE
10 Dett. 28 1847 Mrs. Jas. Devere	Russell ned M. D. or other
(Date rec'd by registrar) Regist	Address Dato signed Dato signed

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OCT 1 1947

SUREAU * 8

. 2411 N. Charles St., Baltimore

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08186

CERTIFICATE OF DEATH

The correst a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

SA

er. Dist. No. 2 42

1. PLACE OF DEATH: 'S See See See See See See See See See	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fornewborn Infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)	State Illustual County Jaluace		
	(if outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	836 590 (100		
4.	Street No. (If rural, give LOCATION)		
	2(a) If veteran, name war.		
How long in hospital or institution?			
3. (a) FULL NAME TOHN EDWARD CA	775 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male white widowed	20. DATE DE DEATH September 9 1947 of 11:30 P. M.		
8.(b) Name of husband or wife Ilmuil M. Catts	21. I Chairy that death occurred on the date above stated; that attended deceased from		
	January 15 10 9 10 fellalle 7 19 1		
7. Birth date of San	and that I last saw of A alive on teller 19 19 19		
deceased (mo., day, yr.) ACC - ACC - If less than one day	Immediato cano of death Duration Coming Comi		
o. Aue:	Jeg pung faring		
, hrsmin.			
9. Birthplace (Town gounty and state)	Due to Unde Conglisher hear failine show.		
(19wb godney markete)			
10. Usual occupation.	Due to orman occurrent foliage.		
11. Industry or business			
	Other conditions Parkinsmis Assesse.		
12. Name John Julian Ju			
	(Include pregnancy within 3 months of death)		
14. Malden name Tuey & orey 15. Birthplace Maginia	Major findings of operations		
S 15 Birthologo			
Cal. U.V. D. D. Patts			
18. Integrated Milliam S. Carre	Antopsy results		
Address 1304 572 Wet. S. E.			
Busing 9-12-47	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burki, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory ANT Delivet	Where did injury occur?		
Location Wash, acc	Injured at home, farm, industry, public place (where?)		
LOCATION ASSESSMENT OF A SECOND ASSESSMENT OF	Meens of Injury Injured at work?		
18. Funeral direction	1 110 h: C Af 1		
Address \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	23. SIGNATURE OF M. Carlly		
19. Sett. 10 (Patebee'd by registrar) 19.47 (arrie Flamble) Registrar	Address (500) 6 St. 4. 4. 6 Date signed 910/47		



BINDING

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SEP 22 1947

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WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legible PLEASE WRITE PLAINLY, is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2 LISHAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

08188 No. 23/

County Princ	e George				n infanta give residence of		
Clty or town				State Maryland County Prince George			
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:				City or town(If	Laurel Md	its, write RURAL and give n	nearest town)
Prince	George's G	eneral	Hospital and 4 days	N.	(If rural, giv	i um ve LOCATION)	
			У	2.(d) II veteran, nan	ne war	1	
3. (a) FULL NAME	A. CHRISM	IAN				3. (b) Social Securit	y Number
4. Ser	5. Color or race		e, married, widowed, or divorced		MEDICAL C	CERTIFICATION	distant
Male	White		Widowed	20. DATE OF DEATH.	September 1	19, 19 47	2:35 P
& (b) Name at husband	or wife			21. I CERTIFY that d	death occurred oo the date al	bove stated; that f attended da	iceased from
DOMESTIC STATE OF THE STATE OF			e) ff alive, give ageyears			H7 10 Suff	
7. Birth date of deceased (mo., day, y	*	19. 18				J+19	
8. AGE: Years		Days	It less than one day			da	
80	8	0	hrsmin.	- Comme			
			y, W.Va. state) ster	Due to Strang	whoten ing	me mud him	
11. Industry or business 12. Name Ge 13. Birthplace	orge A. Ch	risman	1	Dther conditions	lide		
	Mary Eliz		anafelter		nclude pregnancy within 3		
14. Maiden name		W.	Va.				
18. Informant			(Nephew) Bethesda 14, Md.	Autopsy results			
17 Rem M	or removal Which?		eot Sept 10 1947. (month) (day) (year)		death was due to external caper homicide	auses, fill in the following; Date of	
Cemetery or cremato	1-5-1	certh	But will		(City or town)		(State)
Location		<u> </u>		fnjured at home, far Misens of Injury	rm, Industry, public place ((where?)	***************************************
18. Funeral director	MILLI	كممسك	Brief	argens of Injury	0 1 1	12	0 0
Address	aulles	Day	modi	23. SIGNATURE.	Whiteh.	In lemen	D. or other
19. (Date rec'd by re	19.47 gistrar)	Umi	anda Voune	Hor ma	in It Tear		ed 9/20/47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08189 Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME Charles Clapstick	3. (b) Social Security Number		
Male White Single, married, widowed, or divorced Male White Single	MEDICAL CERTIFICATION 20. DATE DF DEATH Seath occurred on the date above stated; that I attended degrassed from		
8.(b) Name of husband or wife	and that I last faw half alive on 19.47 The DURATION		
8. AGE: Years Months Days If less than one day 8. Birthplace	Due to Gangresse Might 2 was		
10. Usual occupation	Due to		
12. Name Jane Gapolicko 13. Birthplace Germany 14. Maiden oame Mary	(Include pregnancy within 8 months of death) Major fiediogs of operations.		
18. Informani Pu. Hes Cof Colomo Roccoe	Antopsy results. PHYSICIAN: Please woderline the cause to which death shootd be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of		
Address 65 01 Gotsey R. S. T. Cach. 1920 17. (Burial, cremation, or removed. Which?) Date thereof. (month) (day) (year)			
Location Zelector Zelector Delication Delica	Where did injury occur?		
18. Date rec's by registrar) 18. Registrar	23. SIGNATURE James F. Janeer Address Marchar Marcharo - Date signed 7-24-47		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08190

CERTIFICATE OF DEATH

Reg. Diat. No. 243

1. PLACE OF DEA		George	3	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)											
City or town				City or town											
Hospital, institution, or	street address where dillenn Dale	eath occurred Sanato	rium 21 days	Street No. 1242 6 St., N. W. (If rurat, give LOCATION) 2.(a) If veleran, name war.											
3. (a) FULL NAM			DE CLEMENT.	5	3. (b) Soc	ial Security 1	Number								
4. Ser Female	5. Color or race Colored		e, married, widowed, or divorced	MEDICAL CI			7:05 A. M								
6.(b) Name of husband or wife Arthur Clements 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) August 2, 1911			21. I CERTIFY that death occurred on the date above stated: that I attended deceased from AUG. 29. 18.75. to SEPT. 20. 19.47. and that I last saw h. P. 2 live on SEPT. 20. 19.47. Immediate cause of death.												
8. AGE: Years 36 36	Months	Days 18	if less than one dayhrsmin.	Prehimenary Tulesc			2 yr 5 mo								
9. Birthplace				Due to											
				Dither conditions (Include pregnancy within 8 months of death)											
								Address 19. (Date rec'd by re	+ 20,1947.	_	land S. Philip	23. SIGNATURE Daniel	eo I	M. D	9-20-47



PLEASE.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08191

eg. Dist. No. 252

City or fown	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County C		
How long in hospital or institution?			
3. (a) FULL NAME Tessie Beall Cor	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female white Married	20. DATE OF DEATH. 15 Sept 19.47 01 15.7		
Onthe a. Chale	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8.(b) Name of husband or wife	ma 1947 10 15 Select 194)		
7. Birth date of	and that I last saw h. Car alive on		
deceased (mo., day, yr.)	Immediate cause of death OURATION		
8. AGE: Years Months Days If less than one day	Circulatory Collapse 6 house		
hrsmln.			
9. Birthplace Music Studies Co. W.C.	Due to the fulpus exythenalous Unf		
(10wh, county, and state)	dessimination		
10. Usual occupation.	Due to		
11. Industry or business			
E 12. Name William	Other conditions		
13. Birthplace	(Include pregnancy within 3 months of death)		
14. Maiden name Munuel Wickelt	Major fiadings of operations		
15. Birthplace o Mary Lund	Bale of op.		
18. Information a levale	Antopsy results.		
No Sada III had what	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
11 1+ 10 10.17	22. VIOLENCE: If death was due to external causes, fill in the tollowing;		
(Burlal, cremation, or removal. Which)	Accident, suicide, or homicide		
Cemetery or crematory Chalan Hill	Where did injury occur?		
A 18. () 1. \1	Injured at home, tarm, industry, public place (where?)		
Location Line Phase Lander C3	Means of Injury Injured at work?		
18. Funeral director.	10 21		
Address 3 /1- // = 5 to 5/E, Wash, U.	- 23' SIGNATURE SUBJASSON MID		
10 toh 15 10 to almostante.	M. D. or other		
(Date rec'd by registrar) Registrar	Address Mass Market State Signed Date sign		

I wise storage my deline ferris , there per 204.00 may Tavice Beall Coole Female white Maniel Cut, 11, 1877 This of the sound SEP 17 1947 The state of the state of John a love Co Copper markers no vet 11) Bester Hell w we change of which

MARYLAND STATE DEPARTMENT OF HEALTH

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VS A15

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Prince Georges	(For newborn infants give residence of mother)
	State marriand county truce General
(If outside city or town limits, write RURAL and give nearest town)	5 1 1 1 8 // /
	(If outside city or town limits, write RURAL and give nearest town)
ow long in above place of death?	(If outside city of town limits, write NORAL and give nearest town)
ospital, institution, or street address where death occurred:	-1 Street No. 407 - 6.1
unce georges general Hospice	(If rural, give LOCATION)
low long in hospital or Institution?	2.(a) If veteran, name war
B. (a) FULL NAME Charles Edward C	3. (b) Social Security Number
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Totale lastite 1 0	1 1 1 1 74
man which sugar	2D. DATE DF DEATH DEATH 2 6 19 4 1 at 1
U U	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
.(b) Name of husband or wife	•••••
	ears 19
Birth date of 7 0 0 5 16 5 5	and that I last saw halive on
deceased (mo., day, yr.) Tolouan 231 1933	Immediate cause of death DURATIDE
. AGE: Years Months Days If less than one day	Henry Laye, and
12hrsm	nin,
0 1 1 1 1	
Birthplace V muce glorges Comily M	Due to Tockers
(Twn count, and atate)	shull
), Usual occupation	Due to Deacture and dislocation
1. Industry or business	0 00 - 1 000 - 00 100 - 101
12. Name Cobert Lelitha Cooles	Dither Conditions
13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Malden name mobile 7. January 15. Birthplace Lestreit O Colembia	Major findings of operations
15. Birthplace lestrect O Cole more	Date of on
0 2.00	
6. Informant Garage	Autopsy results
Address 5 8 KV- adden Rd Seat Please	
Q 19	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial reinaron, of removal, Which?) Date thereof	Accident, suicide, or homicide.
(Burial Felimeron, or removal, Which?) (honth) (day) (year)	Where did Injury occur? Leaf Please T PS
Cemetery or crematory	(City or town) (County) (State)
allast line h) (Injured at home, farm, industry, public place (where?)
Location	
8. Funeral director to the state of the Sant	Might will have a true to the total of the t
201	legaly medical topular
Address Decemberry 4	23. SIGNATURE SOLDING
Sept 28 115 P. a Malalla	M, D, or other
Cles 2 194 Comaración	to the shell well and go 2 h.
(Date rec'd by registrar) Registr	rar Address Date signed Date signed

RECEDENCE SERVING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

				OLIT?			Reg. Dist. No	dimfd
1. PLACE (George	s		2. USUAL RESIDENCE (HOMI (For newborn infants give residen	E) OF DECEASED:	
County Prince Georges City or town Glenn Bale Maryland (1f outside city or town limits, water ROKAL and give nearest town) How long in above place of death? 6 years, 21 days Hospilai, institution, or street address where death occurred: Glenn Bale Sanatorium How long in hospital or institution? 6 years, 21 days					rest town)	State D. C. County		
3. (a) FULI		01.	1	fo.0-			3. (b) Social Security	
4. Sex 5. Color or race 6.(a)Single, married, widowed for divorced Male White Separated					divorced	MEDICAL 20. DATE OF DEATH.	CERTIFICATION	7,105
	f			Colgan c) If alive, give age		21. I CERTIFY that death occurred on the standard and that I last saw h	te above stated: that I attended det	ceased from
8. AGE:	Years 65	Months	Days	if less than one da	min.	Immediate cause of death.	herulas	843-
10. Usual occ 11. Industry of 12. Name 13. Birthp	upationr business	Pia Dhn Colg Mas Joanna	ansachuse	n		Due to	thin 3 months of death)	
15. Birthplace Massachusetts 16. Informant Deceased Address			Actorsy resolts					
	emation, or	removal, Which	Date ther	eol (ponth) (d	ays (Year)	Accident, suicide, or homicide	Date of	(State)
Location 18. Funeral director S. H. Hines Co. Address 2901 - 1456 St. N.W.				- /	D0.0:	Injured at home, farm, Industry, public pla Msans of Injury 23. SIGNATURE	Leo. Finerce	and ME
19. (Date rec	eft.	10, 19 47	1 tou	land of	Registra	Address & lenn Da	le ml Date signer	9/10/47

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MARYLAND STATE DEPARTMENT OF HEALTH

	N. Charles St., Baltimore 47d
CERTIF	FICATE OF DEATH Reg. Dist. No. 23
1. PLACE OF DEATH. County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborrinfants give residence of mother) State County County Clip or town (if outside city or town) write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long to hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Milles Wale	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wild wed, or divorce	MEDICAL CERTIFICATION 20. DATE DF DEATH
6,(b) Name of husband or wife Casence R. Wale	21. VEERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Wow 19, 1877	mmediate cause of death DUR
8. AGE: Years Months Days If less than one day	min. 3/4/00 That to bonnoming 30
9. Birthplace. (Town, county and state)	Due to Care soften Line 1
10. Usual occupation. Tousewife. 11. Industry or busings.	Due to
12. Name Charles J. Willes	Other conditions
13. Birthpiace May 14. Maiden name ardulla A Rhodee	(Include pregnancy within 8 months of death)
15. Birthplace Wash, J. C.	Major findings of operations
16, Informant ascelles mules	Autopsy results
Address Lawrel Mide	PHYSICIAN: Please underline the cause to which death should be charged statistically
17. Buttal (Burial, cremation, or removal, Which?) Date thereof (month) (day)	(year) Accident, suicide, or homicide
Cemetery or crematory. Jungs Halps	Where did injury occur?(City or town) (County) (State)
Location Days May	Injured at home, farm, Industry, public place (where?)
18. Funeral director and	Means of injury Injured at work?
19 Sept 8 19 7 M. Brashe	23. SIGNATURE M. D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

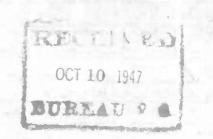
2411 N. Charles St., Buttimore

1310

CERTIFICATE OF DEATH

(8195 Reg. Dist. No. 234

1. PLACE OF DEATH: Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County Pr. Geo. Co.
How long in above place of death? YEAT Hospital, Institution, or street address where death occurred:	(1f outside city or town limits, write RURAL and give nearest town) 7144- Allentown Road. S. E.
7144 alleston 16d / E	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Frederick G. Deems	
4. Sex 5. Color or race 6.(a)Slogle, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH September 30th. 19 47 at 6-P.M.
6.(6) Name of husband or wife Florence G. Deems	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. 8 irth date of 7. 1. 2000	and thet I last saw h
deceased (mo., day, yr.) May 7th. 1892	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	gente gargestine
· · · · · · · · · · · · · · · · · · ·	heart factory
9. Birthplace Baltimore, Maryland (Town, county, and state)	Due to a deby grant and
10 Haud sequentian Clerk, Wholesale Groceries	
11. Industry or business Mr. Gatti In Washington, D. C.	Due to
	Other conditions.
12. Name. Charles L. Deems 13. Birthplace Baltimore, Maryland	
	(Include pregnancy within 8 months of death)
14. Malden name Magdoline Thomas Baltimore, Maryland.	Major findings of operations
Mrs. Florence G. Deems	Date of op
16. Intormant	Autopsy results
Address 7144- Allentown Road. B.E.	22. VtOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) Date thereof (Early, (Year))	Accident, suicide, or homicide
Poda Vall Contract	Where did injury occur?
Cemetery or crematory	
Location Sulla Maryan	Injured at home, farm, Industry, public place (where?)
18. Funeral director Asthur E	Means of trijury Injure 2 work?
Address 2007 - nichols ore S. E. Ziel	23. SIGNATURE OF S
not: 1 17 Afres DO BONDO	23. SIGNATURE M. D. Or other
(Date ree'd by registrar) Registrar	Address Att A shall Me Date signed 30 4



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

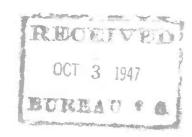
Reg. Diat. No. 243

1. PLACE OF D County	Prince	George Dale, M	S aryland URAL and give nearest town)	2. USUAL RESIDENCE (HOME) (For newborn Infants give residence o State	ounty	
			7 days	City or town Washington (If outside city or town limi	its, write RURAL and give a	nearest town)
Hospital, Institution,	or street address where	death occurred	:	Street No. 4509 - Edson P		
			rium	Street No. 4202 - 245011	ve LOCATION)	
			17 days	2.(a) It veteran, name war	70 2001110117	V
3. (a) FULL NAM				2.(a) It reteran, name war	10/11/0 11/0 1	37 1
S. (a) FULL INA		OND	S / 11/11/15		3. (b) Social Securit	y Number
4. Sex	5. Color or race	6.(a)Single	S, LUCILLE e, married, widowed, or divorced	MEDICAL C	CERTIFICATION	
Female	Colored					,, 30
I ellia Te	Corosed	M	arried	20. DATE OF DEATH	25 19 4	/at
6.(ò) Name of husban	d or wife	Rudolph	Edmonds	21. I CERTIFY that death occurred on the date a	bove stated; that I attended de	eceased from
	,	8.6	t) It alive, give age38years		46 10 9/25	
7. Birth date of	A + 3	0 303	y it ante, give age	and that I last saw halive on	9/25	19.#Z.
deceased (mo., day		9, 191		Immediate cause of death		DURATION
8. AGE: Yea	rs Months	Days	If less than one day	pulm. Inverce	losis	1 year
33 3	3 5	7/1	hrs,min.	/		
9. Birthplace				Due to	••••••	****
	Printe		istant	••••••		****
10. Usual occupation		_	TIT. J. TITA A.M.	Due to		
11. Industry or busine						
臣 12. Name	Robert Sj	mms		Other conditions		
12. Name Robert Simms 13. Birthplace Newark, New Jersey						
X.				(Include pregnancy within S	8 months of death)	
14. Malden nam				Major findings of operations		
15. Birthplace	Washing	gton, D.	. C.		Date of op	
16 Informant	Deceas	ed		Autopsy results.		
				PHYSICIAN: Please underline the cause to		ed statistically.
Address	A		0 2/ 47	22. VIOLENCE: It death was due to external co	auses, till in the tollowing;	
17	on, or removal, Which	. Date there	9. 26.47 (month) (day) (year)	Accident, suicide, or homicide	Date ot	
(Burial, crematic	on, or removal, Which	Wash	. &C			
Location Woodlawy Cometery				Where did injury occur?(City or town)) (County)	(State)
			Cerneter	Injured at home, farm, Industry, public place ((where?)	
401 alian Civ.			V.	Msans of injury	injured at work?	
18. Funeral director.	TA ASSOCIATION	-			an.	Same .
Address	4 - K-	M. T.	. W. Of Par June	1-0.00	enst will an	Cam on
	£ 25 15	17	Qued of Philis	23. SIGNATURE	M, I), or other
19. Sept outand XI. Tang				Them I leave I see	o mid para dans	19/25/4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Diat. No. 245

CERTIFICAT	Reg. Dist. No.
1. PLAGE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) Slate
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Jone Wilson 4. Sex 5. Colorlor race 8.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
4. Sex 5. Coloffor race V 6.(a) Single, married, widowed, or divorced Willowsky	20. DATE DE DEATH Sept 4 19.47, 21 6 9
8.(b) Name of husband or wife. Classification of the state of the stat	21. I CERTIFY that death occurred on the date above stated; that I attended disceased from
7. Birth date of	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immediate cause of death Congestive to Cong
9. Birthplace (Town, eounty, and state) 10. Usual occupation Returned Whilehuman	Due 10.
11. Industry or business Parloca 1 12. Name	Diher conditions
14. Maiden name Marica Havens 15. Birthplace / Centucker	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Teley Founding	Autopsy results
17. Burial (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or h8micide
Cemetery or crematory Location Location	Where did Injury occur?
18. Funeral director. I Discha sons Address Ayaclarille Ind	Meens of Injury Leep mela cos former
Seph 6 Janus Sevee Registrar Registrar	Address Torostrill Ly Date signed 4-4)

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SEP 8 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2411 N. Cha	arles St., Baltimore
CERTIFICA	TE OF DEATH Reg. Dist. No. 23/
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3 (a) FULL NAME	ZGCRALD 3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Hennale White married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 26 1947 21/0.30
6.(6) Name of husband or wife Garrett Fritzgerules 8.(c) If alive, give age yea 7. Birth date of deceased (mo., day, yr.) 9 cm. 5, 1883	and that I last saw f. Live on
8. AGE: Years Months Days It less than one day 21hrs	
9. Birthplace	Due to Ny perference Parence 2 yes Due to Due to
11. Industry or business 12. Name Rundalph Mourey 13. Birthplace	Dither conditions Theyrard adenous, 10+9
14. Maiden name Malendie - Howelighte 15. Birthplace . W. Va -	(Include pregnancy within 3 months of death) Major fiedings of operations
Address 1/30 / Russell aga Mr. Alle	PHYSICIAN: Please noderline the cause to which death should be charged statistically. 22. VIOLENCE: tt death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Cemetery or crematory Column James, Delrusy, W. W.	Accident, suicide, or homicide
18. Funeral director W. W. Chamber & Co.	Injured at home, farm, Industry, public place (where?)
19. 9.27 (Date rec'd by registrar) 18. Registrar	23. SIGNATURE AMULL J VILLEAU M. D. or other Sear Address Mt. Ramer W. Date signed 77

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

S (181943 Reg. Diat. No. 243

			021111110111	Reg. Dist. No.
How long in above pla Hospital, Institution,	Princ Glen Glen Coutside city or town li ce of death? 2 mc or street address where Glenn Dale or Institution? 2 mc	n Dale, mits, write R DS., 2 death occurred a Sanat	days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex Female	5. Color or race Colored	EUNI 6.(a)Single Sing	o, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. SEPT. 24 1947 21 5:45 P. I
7. Birth date of deceased (mo., day 8. AGE: Yes	yr.) September Months	ember 9	th alive, give ageyears 9, 1931 It less than ono day hrsmin.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JULY 2/ 19 47, to Sept. 24 19 47. and that I last saw h. Et. alive on Sept. 24 19 47. Immediate cause of death DURATION Superior Sept. 24 19 47. DURATION 5 100.
10. Usual occupation	Schoolg ss Newitt Vanh	irl -	(a.t.)	Due to
14. Maiden nam 15. Birthplace	Victoria (Quincy, F. Victoria	Gainous lorida Gainous	(Williams) (Williams) Mother	(Include pregnancy within 3 months of death) Majur findings of operations
Location(J	1620 Rose	Date there	9/25/47. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide
19. Sept. 24 947 Rowland & Philips (Date rec'd by registrary)				23. SIGNATURE AMELY & D. F. M. D. or other M. D. or other M. Date signed 9/24/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170d

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACETOF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in anta give residence of mother)
County	six harsland county Truck Glarges
City or town	City or town Denney
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Teland Memorial Hospital	Street No
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME Malcolm Gler	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or disorced	MEDICAL CERTIFICATION
male which Duyle	20. DATE OF DEATH Sest 1847, at / 2034
S.(b) Name of husband or wife	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from
1. Birth date of deceased (mo., day, yr) serving 15, 1924	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
23 7 25min.	che-manhan
Time gotom Pa	Due to Fraction of skull
9. Birthplace	
1D. Usual occupation	Due to
tt. Industry or business Mechanic	
12. Name Jesus German 13. Birthplace Williams	Dither conditions
14. Maiden name / Josef 1 Ducker 15. Birthplace Pennsylvania	(Include pregnancy within 8 months of death) Major fiedings of operations
\$ 15. Birthplace Image	Date of op.
16, Interment Cleare D. Garrige	Autopsy resolts
Address 9832 - 48th (Varrann	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burel Bate thereof Sofrialyy	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Where did Injury occur? College For P. S.
Cemetery or crematory	(City or (pwn) (County) (State)
Location Wash of	Injured at home, farm, Industry public place (where?)
18. Funeral director Welliams 6	Magic Company Contract of Propagation white
Address Bueldall and	my feet to the state of
1. Soht 8 1947 mrs Jas Devere	23. SIGNATURE. M. D. or fuler
19. (Dato rec'd by registrar)	Address Date signed Date signed

FOR BINDING MARGIN RESERVED PLAINLY, WELLUNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and

PLEASE

SEP 10 1947

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08201

% Reg. Diat. No. 243

1. PLACE OF DEATH: County. Prince George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State D.a.C.a. County
City or town Glenn Date, Md., — Bural (If outside city or town limits, write RURAL and give nearest town)	Washington
How long in above place of death? 5 yrs., 11 mo!s, 15 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	5351 Haves St. N.F.
Glenn Dale Sanatorium	Street No. (If rural, give LOCATION)
How long in hospital or institution? 5 yrs., 11 mo's, 15 days	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
	SON. none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lemale Colors & Single	20. DATE OF DEATH. Pepterules 18 m 19 stay 21 6 A
900	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
6.(b) Name of husband or wife	Oct 3 rd 1841 10 dept 18 19.40
7. Birth date of	and that I last saw h. C. L. alive on
deceased (mo., day, yr.) July 10, 1926	Immediate cause of death
8. AGE: Years Months Days It less than one day	
2] 2 8hrsmin.	Velmonary Velderculosis 6 eff
Washington, D. C.	3/240
9. 6 rthplace(Town, county, and state)	Due to
none (school, time of admission	h)
1D. Usual occupation.	Due to
11. Industry or business	
Charles Gibson	Other conditions
E 2 Himminia	Other Conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Estelle Gibson 15. Birthplace ? Virginia	
TO	Major findings of operations.
	Date of op.
16. Informant deceased	Antopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: It death was due to external causes, fill in the following:
17 Kenoval Bate thereof Sept 10, 1947	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory	Where did Injury occur?
to Washington 1) d.	Injured at home, tarm, Industry, public place (where?)
Location	Meane of Injury Injured at work?
18. Funeral director Hannah Company Company Company Company	means of injury
11 1467-12 0X M	(/) . 0/ //
Address 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. SIGNATURE TAMES LED & MICAME MY
1 dest 18 47 Knowland of Pluly	M. D. or other
(Date rec'd by registrar) Registrar	Address J. Mary Tland May Date signed 7 18 19

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CERTIFICAT	TE OF DEATH Seeg. Diat. No. 243		
Prince Georges Ounty. Prince Georges Out of the street address where death occurred: Glenn Dale Sanatorium Ow long in hospital or institution? 5 days Ow long in hospital or institution? 5 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. D. C. County City or town. Washington (If outside city or town limits, write RURAL and give nearest town) Street No. 2322 - 11th Place, S. E. (If rural, give LOCATION) 2.(a) It veteran, name war.		
ROSE W. GREE.	3. (b) Social Security Number		
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE DE DEATH. Sept. 28, 19, 47, 213.40 P. M		
.(b) Name of husband or wife . Birth date of deceased (mo., day, yr.) . AGE: Years Months Days If less than one day 13 13 4 21	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 22. 18.47 to Sept. 25, 19.47 and that I last saw h. L.T. alive on Sept. 25, 19.47. Immediate cause of death DURATION Due to.		
1. Industry or business 12. Name Herbert H. Green 13. Birthplace Shenandoah, Iowa	Dither conditions		
14. Malden name Florence Harrison Luther, Oklahoma	(Include pregnancy within 8 months of death) Major judiugs of operations.		
6. Informant Florence M. Green (Mother) Address 2322 - 11th Place, S. E. 7. (Burial, cremation, or removal, Which?) Cemetery or crematory Wandlawy Compath (day) (year) Location Wandlawy Company B. Funeral director Company Place (See See See See See See See See See S	Autopsy results. Pulsary tuberculerus PHYStCtAN: Please underline the cause to which death should be charged statistically. 22. VtOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide		

OCT 3 1947

23. SIGNATURE

/ *		CERTIFI
1. PLACE OF	. 20	land -
County	2	
City or town	(If outside city or town l	imits, write RURAL and give nearest tow
How long to above	place of death?	1790.
Hospital, institutio	n, or street address where	death occurred:
B. I. Salara		raria 140 ff.
How long in hospi	tai or tostitution?	J. Asyc.
3. (a) FULL N	AME	. 1
2	earne)	narrow Har
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced
4. Sex	0.00	8000000
mas	While	married.
	10.4	- m 1/- 1.
6.(b) Name of hus	band or wife, a Marie La	And the state of t
		6.(c) If alive, give age
7. Birth date of		1 1861
deceased (mo.,		1. 101 1000
8. AGE:	Years Months	Days If less than one day
7	9 0	Harry hrs.
	2. 1. 1.	. 12
9. Birthplace	/(Town,	eounty, and atate)
	p. Vii. I	on Hoal Mas.
10. Usual occupa	tion.	T- 9, 229T- 229
11. Industry or bu	siness	
the second second	40.00	marian Hard
12. Name	1 4	- 1 1
	1 /	naryesna
14. Maiden n	iame ====================================	
E III		
≥ 15. Birthplace		
16. Informant	mrs Ell	en M- Hardy
	12100	1 2 2 1 1
Address 61	077).2. 0	en, Kunnall,
17	Burial	Date thereof 9 - 24 -
(Burial, crem	ation, or removal. Which?	month) (day) (ye
Cemetery or cr	ematory Wrach	Mall Center
Jemeter, of Cr	1 40 ~	1 1 - 1
Location	myay	J-70// - Jus
	un	(Known head) Pa
1B. Funerat direc	tor	90 KO. 11
Address of	801 Clevela	ud Une stinerdal
^		

City or town River Ask	write RURAL and give nearest town)
Street No. 6 10 4 - 9 days	Iland ane
2.(a) If veteran, name war	••••••
,	3. (b) Social Security Number
MEDICAL CE	RTIFICATION 22 1947 at 130
21. I CERTY That death occurred on the date above	e stated; that I altended deceased from
Immediate cause of death	egst 2 2 18 97 out Failur 6 May
Oue to Pheriscler	ila Heart Des 1844
Oue to	
Other conditions	
(Include pregnancy within 3 me	onths of death)
Major findings of operations	
	Oate of op
Autopsy results	ch death should he charged statistically.
22. VIOLENCE: If death was due to externat cause	es, fill in the following:
Accident, suicide, or homicide	Gale of
Where did Injury occur?(City or town)	
Injured at home, farm, Industry, public place (whe	re?)
Means of Injury	Injured at work?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give realdence of mother)

MARGIN RESERVED 9-45-15M

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(Date red d by registrar)

SEP 24 1947

2411 N. Charles St., Baltimore

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CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County Live Leaven	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If ontside city or town limks, write RURAL and give nearest town)	State of County
How long in above place of death?	City or town (If outside city or town lights, write RURAL and give nearest town) Streel No. 20 Mass Land (If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Charles Hartman	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced while who we do not seem to the second seems of the second	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19 47 al 145 p.
(6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) July 21. 1857	and that I tast saw h. Martalive on D.R
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION OCCUPATION OF THE PROPERTY
9. Birthplace The County and state	Due to general arterie sylves
10. Usual occupation A. A. C.	Due to.
11. Industry or business	
12. Name William 13. Birthplace Zu langur	Dther conditions
# 14. Maiden name Elecalett + Zullenaun/	(Include pregnancy within 3 months of death)
14. Maiden name Clasabeth tullmanny	Major findings ol operations. Date of op.
18. Informant Renaile Thurtingen	Autopsy results
17. Bate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.
Gemetery or cremainy	Whera did lajury occur?
Location 18 18 18 18 18 18 18 18 18 18 18 18 18	
18. Funeral director. J. J. Harris J. S. F. Harris J. Harris J	Means of Injury Injured at work?
Address Mark Marketo Mari	23-SIGNATURE Come Clan Gallo
19. August 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	el - 10 a conti

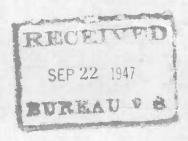
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

08205 Reg. Diat. No. 23/

-	
1. PLACE OF, DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State County County
(If outside city or town limits, write RURAL and give nearest town)	(R: 1.00
How long in above place of death?	(1f outside city or town limits, write RURAL and give nearest town)
hospital, institution, or street address where death occurred:	Streef No 5809 - 6 leveland and
Mis George Gent Dray	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Kannah S. Kerlocker	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 W	20. DATE OF DEATH Seft 22 1947 21 3 a
6.(6) Name of husband or wife Orvell of Nerleckie	21. J-SERTIFY that death occurred on the date above stated: that I affended deceased from
6.(b) Name of husband or wife	21. See it is that death occurred on whe date above states; that I alrended deceased from
T. Birth date of	6 16:110
deceased (mo., day, yr.) Law. 6- 1866	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause nI death OURATION
hrsmin.	14.
Willensport Quel.	771
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation Kalenania	
11. Industry or business	Due to
	Generalian Cod manier
Ω	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name the about he dech. 15. Birthplace	Majnr findings of operations.
2 15. Birthplace	Date of on
16. Informant Justiand Off Neglacier	Autopsy results.
~ 6/ 1 16 /8. 1.1 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addres 8 09 10 Milland Per. Muelalo, ma	22. VIOLENCE: If death was due fo external causes, fill in the following:
[Burial, cremation, or removal, Which]	Accident, suicide, or homicide. Accedent Date of 8/30/47
Cemetery or crematory It. Europe Cecuty	Where did Injury occur?
Mars L. Me	1/2 2 14/6
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director (Maccelles Co	Means of injury Sall Injured at work?
Addres lives delligger	Con: to less D
9/24 1/2 /2 d. News.	23. SIGNATURE M. D. or other
19. 7/100 194/ What a work (Date roc'd by registrar) Registrar	Address Heatharlocled Date signed 5 204)
the state of the s	Addiese signed

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MARYLAND STATE DEPARTMENT OF HEALTH

50 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

U8206 245 Reg. Diat. No. ...

City or town	tside city or town I t death?	mits, write I 7 yrs death occurre	CURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or	nstitution?		***************************************	2.(a) It veteran, name war
3. (a) FULL NAME	ELLIE S.	HUMI	PHRIES	3. (b) Social Security Number
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. 10. 4.7 at 11.30
6.(b) Name of husband	Oct		Humphries (c) It alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.3., to
8. AGE: Years 53	Months ermantow	Days Me county, and county and	atate)	Immediaic cause of death. Land Europe Committee Committ
12. Name	arles R.	Harg	gett Pyland	Other conditions (Include pregnancy within 8 months of death) Major findings of operations Date of op. 3 -1.5 - 4.5
16. Informant Frank M. Humphries Address 4511-37th st., Brentwood, Md. 17. Sured Date thereot 9/36/47 (Burial, cremation, or removal Which?) Cemetery or crematory Therese & Country Location Wash 18. Funeral director. M. H. Chambers Co. Address 5801 Cleneland ane, Puneralso Md. 18. Sured Day Servy 18. Sured Day Servy 18. Sured Day Servy				Actionsy results

SEP 26 1947

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Pist No. 231

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 19.4.7 at 120 A
6.(b) Name of husband or wife Edna May Gones 6.(c) If allve, gife age 34 years 7. Birth dale of deceased (mo., day, yr.) Nov 13, 1880	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Due 10. A. Certe Congatione
10. Usual occupation	Due to Canding was suled Tree leading to the conditions.
13. Birthplace HE 14. Malden name Unknown 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
18. Informant Educa hay Jones Johns Gores 65 1 pl. Jefferson/Kghto, Ind	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. Date thereof. (month) (day) (year) Cemelery or crematory Chapel	Accident, suicide, or homicide
18. Funeral director Henry S. Washington 180 Address 467 N St. n.w	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE
19. 9/16 19 47 Amonda How (Maty red d by registrat) Registrat	rey Horastula Del Date signed 9-16-6

MARGIN RESERVED FOR BINDING

NFADING INK. Supply every item of information carefully at. Physicians: please write the causes of death clearly and

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

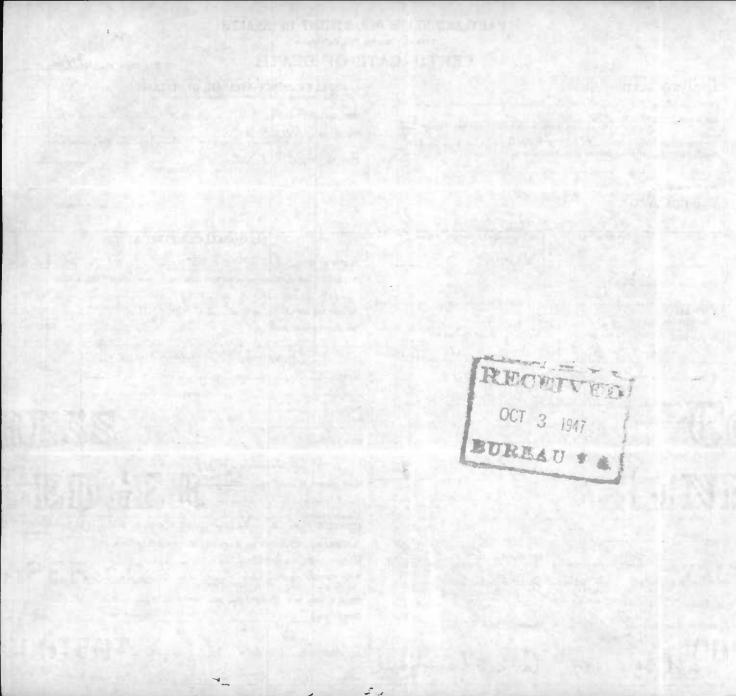
2411 N. Charles St., Baltimore

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V02118

CERTIFICATE OF DEATH

County PRIMEE TEORGES City or town Management town limits, write RURAL and give nearest town) How long in above place of death? D. M. A.T.H. S. Hospilal, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
HALUIE PEPLES KITCHENS 4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W DIYORCED	20. DATE OF DEATH SEPTEMPER 29 1947 314:57P.
6.(b) Name of husband or wife	2t. I CERTIFY that death occurred on the date above stated: that I altended deceased from JULY 2 19.4.7 10. SEPT 29 19.4.7 and that I last saw h.E.R allive on S. E.P.T.E.M. B.I.R. 2.3 19.4.7. Immediate cause of death
8. AGE: Years Months Days It less than one day 43 季5 13 hrsmln.	BETICULD BLASTOMA GGRALS
9. Birthplace W.H.I.T.E. S.P.R.I.V.C.S. FL.Q.R.I.D.A. (Town, county, and state) 10. Usual occopation. N.M.R.S.E.	Due to
	Due to
11. Industry or business / URSE	
12. Name. H. O. PEERLES	Other conditions
E 14. Malden name WESSLE E GINN	(Include pregnancy within 8 months of death) Major findings of operations.
15. Birthplace HEMINGWAY S. CARBLINA	Oate of op.
16. Informant Daris P. C. W.T. S.	Antopey results
Address 5002, 0 57 HILLSIDE MD 17 Bullial Date thereof (month) (day) (year) Cemetery or crematory (month) (day) (year) Location Multilula Multiple (March March	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
18. Funeral director B. M. Thanks to Address 5/7-// S.L. 19. Sept. 3c (Datdree'd by registrar) 19. Corrie J. Comphell (Registrar)	Means of Injury Injured at work? 23. SIGNATURE CAMBELLE G. CAMBLE M. D. or other Addross 4400 Boules Rd. 54 Date signed Signed 29,1947.



WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and l

The correct age,

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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)	2 11 2
Reg. Diat.	No. ~ TJ

1. PLACE OF DEATH: Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	State D. C. Couoty	
Cily or town	II ab	
How long in above place of death? 7 mos., 23 days	City or town 1250 Lane Place, N. E., Washington (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No.	
Glenn Dale Sanatorium	(If rural, give LOCATION)	
How long in hospital or institution?7mos., 23.days	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
LAWSON LYTELL 4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	<u>578-20-5468</u>	
4. Sex 5. Color or race 6.(a)Single, married widowed, or divorced	MEDICAL CERTIFICATION	
Male Colored Single	20. DATE OF DEATH Sept. 1; 19 47 at 13 0 . N	
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	1/5 1947 10 9/1 1947	
7. Birth date of 2000 2000 2000 2000 2000 2000 2000 2	and that I last saw h. Adam alive on 9/1 19 47	
deceased (mo., day, yr.) September 4, 1922	Immediate cause of death	
8. AGE: Years Months Days If less than one day	pulse Tulertulosis 13 mus	
24 24 11 28hrsmin.		
9. Birthplace	Due to.	
10. Usual occopation	Due to.	
11. Industry or business Navy Department	Due to.	
12. Name Randolph 13. Birthplace Washington D. C.	Dther conditions	
13. Birthplace Washington, D. C.	(Include pregnancy within 3 months of death)	
14. Maiden name Cordelia Nickens 15. Birthplace Wakefield, Virginia		
Walter Signal Winning	Major findings of operations	
	Date of op.	
16. Informant	Autopsy results	
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17 Kem rool Date thereof 9 -1-47	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, sulcide, or homicide	
Cemetery or crematory to work. DC	Where did Injury occur?	
	Injured at home, farm, industry, public place (where?)	
Location		
18. Funeral director	Means of injury Injured at work?	
Address HIH-R. St. N.W. (Pen) Bruce)	(1) 10 0 0.	
1 P 0 1 P 0 1 P 0 0 1	23. SIGNATURE & Ansel Leo Finican M. D. or other	
19. Date rec'd by registrar) 19. The wear of the Registrar	Address & lenn Dale, Md. Date signed 9/1/47	

RECEIVED SEP 18 1947 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corresponding is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

08210

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH: County Pr. Geo. Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County G1. Xleo Co
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town Carried Springs
How long in above place of death? & MTh 3	(If outside city or town limits, wate RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 5330 Rult OVA SE
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Lillie May Lill	lexord
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F Widowed	20, DATE OF DEATH Selet 6 19 47 at 3:40 P.
1.221	
6.(6) Name of husband wife Norman Lille yord	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date ot	19 50 10 47
1. Sirth date of deceased (mo., day, yr.) May 3 - 1880	
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION 3 days
67 4 3min.	
	asta AD. T. P. L. T. 3112
9. Birthplace (Town, county, and state)	Due to Arthur Chilesolie Tagailleanin Diffe
to. Usual occupation Rousewife	
	Due to
11. Industry or business the normal	aleris chlirac heart 3 gro
12. Name	Other conditions
	(include pregnancy within 8 months of death)
14. Maiden name mary Crandord 15. Birthplace maryland.	
15. Birtholace maryland.	Major findings of operations.
>	Date of op.
16. Informant Sasses	Autopsy results
Address 5556 Null Viola 15E	22. VIOLENCE: If death was due to external causes, till in the tollowing:
Bate thereof	Accident, suicide, or homicide
(Burial, cremation, or remainder, Which?) Date thereof (month) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Thustrille / ////	Injured al home, farm, Industry, public place (where?)
M. Rull.	Means of injury Injured at work?
t8. Funeral director	10000
Address Market Markoto, Mark	23. SIGNATURE W. Sent Calclus M. D.
Lell 8 HT R. Dona A	23. SIGNATURE BOLSE M. D. or other
(Date rec'd by registrar) Registrar	Address 6406 Salchu Ved L Date signed 9/6/47

A DECEMBER OF CHARLES IN COLUMN 1

SEP 9 1947

P North Care

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

CERTIFICATE OF DEATH

08211 Reg. Dist. No. 23/

County Colmar Manor, Maryland City or town (If outside city or town limits, write RURAL and give nearest town)				Column Monos	Prince	George
How long in above place of death?				City or town (If outside city or town limits, write RURAL and give nearest town) 4200 Newton St.		
How long in hospital	or Institution?			(Ifrural, give I		
3. (a) FULL NAM		FLORE	NCE LONG		3. (b) Social Security	Number
4. Sox	5. Color or race		, married, widowed, or divorced	MEDICAL CE September	RTIFICATION 28 47	6:00P
Jonathan 8.(6) Namo of huaband or wife				21. I CERTIFY that death occurred on the date abov	ro atated; that I attended dec	eazed from19
8. AGE: Yea		Daya	If less than one dayhrsmin.	Sutra Cran	- //	
Williamsport, Maryland 9. Birthplace(Town, county, and state) 10. Usual occupation					las rom	, Q
Collins 12. Name Williamsport, Maryland				Other conditiona		
Elizabeth Elliott 14. Malden name. Williamsport, Maryland Mr. Frank W Long Son				Major findings of operations		
16. Informant 420	00 Newton			PHYSICIAN: Please underline the cause to whi 22. VIOLENCE: It death was due to external caus	ich death should he charged	statistically.
17. Burial Date thereof (month) (day) (year) Cemetery or crematory Fork due she levely			(menth) (day) (year)	Accident, suicide, or homicide	(County)	(State)
18. Funeral director. Address 19	Sow E Riverdo Pegistrar) 1947	hai	uders Co.	Mapna of Injury Neparty wed 23. SIGNATURE Assumes Address. The Shull	Injured at work?	nene

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

CERTIFICATE OF DEATH

08212

Date signed 33-4

CERTIFICAL	Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colored manual	20. DATE OF DEATH Lefol 23 1947 at 9501
Margaret Jane	21. I CERTIFY that death occurred on the date above etated; that t attended deceased from
6,(b) Name of husband or wife	
T. Birth date of Science age years	and that I last eaw halive on
deceased (mo., day, yr.)	Immediate cause of death. DURATION
8. AGE: Years Monthe Days If lese than one day	a cute Congestine hear
54hremin.	Jan Lune
Transland	and Carolinana relation relation
9. Birthplace	Due 1
10. Veual occupation Johann	
	Due to
11. Industry or businese	
量 12. Name	Other conditions
3. Birtholace	(Include pregnancy within 3 months of death)
14. Maiden name Cant	
14. Maiden name Gandina Gandina 15. Birthplace	Major fiadings of operations.
21 13, Britispiace	Date of op.
18. Informant	Autopsy results
Address 5010 Selser tell tood, Suella	
11 Bunal Date thereof 9-27-1945	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, cremation, or removal Whieh?) Bate thereol (month) (day) (year)	
Cemetery or crematery	Where did injury occur?
Location Suntance May and	injured at home, farm, Induetry, public place (where?)
Westernoon	Meane of Injury Injured at work?
18. Funeral director	plepuly meders forgue
Address 46/ N. M. N. W.	23. SIGNATURE LALLAND S. JORN
Soht 24 wetz Carring Campbell	M. D. bijomer
(Date 1c'd by registrar) Registrar	Address Tresmu Date signed 7. 23-4

RECEIPED SEP 26 1947 BUREAU # 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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ADING INK. Supply every item of Physicians: please write the causes

important.

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CERTIFICAT	TE OF DEATH Reg. Dist. No. 23
1. PLACE OF DEATH: Pro Georges Co City or town Cheverly Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 42 hours Hospital, institution, or street address where death occurred: How long in hospital or institution? 42 hours	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate Washington County Aing County City or town Seattle Washington (If outside city of town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME Mrs Nellie Lyon	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced female white widowed	MEDICAL CERTIFICATION 20, DATE OF DEATH. 9-2) P. 1941, 21 9-2) P. 1942, 21 9-20,
8. AGE: Years Months Days If less than one day 8. Birthplace	21. I CERTIFY that death occurred on the date above stated; that attended deceased from 19.4., to 19.4. and that I last saw h. S.d., alive on 19.4. Immediate cause of death DURATION Due to Due to Durations (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Intermant Henry G. Lyon Address Hyattsville Md. 17. Burial Burial Bate thereof Sept 27, 1947 (Burial, cremation, or removal, Which?) (month) (day) (year) Commetery or crematory Ft Lincoln Location Washington D. C. Francis Gasch's ons 18. Funeral director Francis Gasch's Sons 18. Funeral director Fyattsville Md. 19. 26. 19.47 Amanda Vourses Registrary Registrary	Where did Injury occur?

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SEP 29 1947

SCREAT & 6

2411 N. Charles St., Baltimore

08214

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Many And County City or town (1f outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death-occurred:	Street No. 4004 Jefferson D.
Minee George General Hosp	(Indural, give LOCATION)
How long In hospital or Institution? 9 40 95	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Losale hyon'	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 W mannied.	20. DATE OF DEATH
6.(b) Name of husband or wife Denny Ly 67'	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
1 //	aug 1 1913 10 dept. 13 194)
T, Birth date of	and that I last saw h A alive on 9-12 18.4.
deceased (mo., day, yr.) 10-45- 1896	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	semediate cause of death
50 10 29hrsmin.	Jeveralized Chenautori
9. Birthplace 77. Snelling minn	COPPLY OSCHIM
9. Birthplace (Town, county, and atate)	Due to.
10. Usual occupation flowise a 2	De Constant de la con
	Due to.
11. Industry or business	Of Oslaw.
12. Name Edgar R 76nd.	Other conditions
13. Birthplace Uinginia	(Include pregnancy within 8 months of death)
14. Maiden name Ne/en meginty	(Include pregnancy within 8 months of death) Major findings of operations.
15. Birthplace Lamsas	Date of op.
Manney H Lucay	
16. Informant	Antopsy results
Address 4004 Jeggeron SV. Agattaille	
11 Burkell pate thereof 09-16-47	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, of removal, Which?) (ponth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Jank Lucislus levelly	Where did injury occur?
duante all.	Injured at home, farm, industry, public place (where?)
Location 117176	Means of Injury Injured at work?
18. Funeral director. WWW Naulle	
Address Riverdale - up	23. SIGNATURE (LETZ (Le Q .
19. 9/14 1947 anda Osiene, (Datefree'd by registrar) Registrar	He Coff ROO (C) M. D. or other
(Descrito e p) - Bissani,	Marie a series and

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SEP 16 1947 BUREAU P 8

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAKILAND SIAIE L 2411 N. Cha	DEFARIMENT OF REALITY		
CERTIFICA	TE OF DEATH \$\mathbb{S}_{\text{Reg. Dist. No.}} 243		
1. PLACE OF DEATH: Prince Georges ^t	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or fown. Glenn Dale - Rural (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death? Hospital, Institution, or street address where death occurred:	State D.C. County Washington City or town (If outside city or town limits, write RURAL and give nesrest town) 1123 - Howard St., N.W., Apt. #10		
Glenn Dale Sanatorium How long in hospital or institution? 61 days	(If rural, give LOCATION)		
3. (a) FULL NAME ANN MACHENBER	3. (b) Social Security Number 579-28-2817		
4. Sex 5. Color of race female 5. Color of race white 6.(a) Single, married, widowed, or divorced single	MEDICAL CERTIFICATION 20. DATE OF DEATH. SEPT. 15 19 47 21 1: 35 A.		
8.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
1. Brith date of deceased (mo., day, yr.) April 7, 1904	Immediate cause of death Pulmorary Tulorculoris 9 mo		
9. Birthplace New York City, N. Y. (Town, county, and state) 1D. Usual occupation Clerk in office.	Rheumatic Hart Disease 12 yr. 9.		
11. Industry or business 12. Name. Nathan Ellis 13. Birthplace Stockholm, Sweden	Diabetes Mellitus 145.51		
14. Malden name Augusta M. Jenkins 15. Birthplace ? , Finland	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.		
16. Intermant Deceased Address	Animpsy results. Relation on tulusulosis metral valuely PHYSICIAN: Please moderation the fause to which delate should be thought desired animalies and		
(Burkai, cremation, or removal, Which?) Cemetery or crematory. Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
18. Funeral director. B. Danyousky 1 Su. Address 3501-14 M 54. 2 w. Was	Injured at home, farm, Industry, public place (where?) Meens of tnjury Injured at work?		
19. Sept: 15, 19, 47 Rowland & Philipson (Date rec'd by registrar) 19 Registr	23. SIGNATURE M. D. or other M. D. or other		

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SEP 25 1947

BURFA" # 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Prince George	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Charrawlar	State Maryland County Prince George
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 1 Mo. and 27 days	City or town
Hospital, Institution, or street address where death occurred: Prince George's General Hospital	Street No. 3920 Livingston Rd.
How long in hospital or institution? 1 Mo. and 27 days	2.(a) ti veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
LILLIAN MARKEY	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20, DATE OF DEATH September 3, 1947 at 7:25 P.
S.(b) Name of husband or wife Chas . Markey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
E (e) If alive give age	
7. Birth date of Mary 25 1904	and that I last saw halive on
deceased (mo., day, yr.) May 25, 1904	Immediate cause of death
8. AGE: Years Months Days If less than one day	Sptierema 270/2
43 3 8hrshrs.	min. 127
9. Birtholace Cincinnati, Ohio	Due to Purulent Periloutis 27 of
(Town, county, and atste)	
10. Usual occupation Gov. clerk	Oue to Past sperute Hyplanestony
11. Industry or business	
	Other conditions
12. Name Max Berman Europe	Other Conditions
	(Include pregnancy within 8 months of death)
E 14. Maiden name	Major findings of operations Silvered Uterus 20/47
Ida Schusterman 14. Maiden name. Europe 15. Birtholace	5% 1. Date of on.
18. Informant Self	Antopsy results.
	PHYSICIAN; Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removed whiteher) Bate thereon (month) (day) (year)	Accident, sulcide, or homicide
++ +	
Cemetery or cremator	Where did Injury occur?(City or town) (County) (State)
Location Colomon Thans	Injured at home, farm, Industry, public place (where?)
18. Funeral director Callilliam Fela son	Means of Injury Injured at work?
26 with It as 5' 100	\sim
Address 40/0 - 4 2 Mg G	23. SIGNATURE OF CONTROL OF CARP.
10 19/4 147 /manda, Naurie	M, D, or other
(Date rec'd by/registrar) Regist	Address Date signed 2.4.4

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legib

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baftimore / 220

08217 Reg. Dist. No. 242

CERTIFICATE OF DEATH

ALACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Chy or jown 309 Wash, Bully Sint in Hylle Jak	State Maryland County Prince George.		
City or town	Wistrick Hata		
How long to above place of death?	(If outside city or town librits, write RURAL and give nearest town)		
440 8 Quelenshing Pd Lines Sules	Street No. 3.09 Wash Island (If rural, give LOCATION)		
How long In hospital or Institution? 2'2 days	2.(a) tf veteran, name war		
3.(a) FULL NAME	3. (b) Social Security Number		
marshall, Mus Irma Mel	ua S.(0) Betal Betally Massel		
4. Sex 5. Color or race 6.(a) Single married, vidowed, or divorced	MEDICAL CERTIFICATION		
Fuh	20. DATE OF DEATH 2 2 Lept. 1977 21/-A: N		
marshall new Prata	A1. I CERTIFY that death occurred on the date above stated; that Lattended deceased from		
6.(b) Name of husband or wife	June 12 1947 10 Hours - 9-22 19 47		
7. Birth date of	and that I last saw h Lx alive on 22 Sept. 1947		
deceased (mo., day, yr.) A 9 1909 8 AGF- Years Months Days If less than one day	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Perilontis Lagr		
a Birthalaca Wash. P.C.	1 Auracry 8-12-47 10 days		
9. Birthplace (Town, county, and state)	Due lo 19		
1D. Usual occupation bounded	much Arbal ligation		
11. Industry or business	9 Umbilied herria		
	Other conditions		
12. Name Mous Idayea 13. Birthplace way land	Pregues, Hormal delivery left 7,1947		
	finclude pregnancy within 3 months of death)		
14. Maiden name Consol Nationale June 15. Birthplace Wash. D.C.	Major fieldings of operation 16 - Offend 7-21-4		
11 0 11	Messive Generalized personally Date of op. 9-21-4		
16. Informant	Autopsy results		
Address 309 Wash. Bakata, District ldts, Md	22. VIOLENCE: tf dealh was due to external causes, fill in the following:		
(Burial cremation or removal Which?) (Burial cremation or removal Which?) (Burial cremation or removal Which?)	Accident, suicide, or homicide		
he das - Della			
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)		
Location was all the control of the	Injured al home, farm, Industry, public place (where?)		
1B. Funeral director W. W. Chambers	Maans of tnjury tnjured at work?		
Address 517 Eleventh St. S.R. Wash D.C.	Didney W Freezen M.S.		
914 24 15 Car 4C 100	23. SIGNATURE M. D. ovycher		
19. (Date sc'd by registrar) Registrar	Address 601- Wesh. Blue. Wash. 19, DC Date signed 4-22-47		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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243

CERTIFICATE OF DEATH

			CERTITICA	IL OF BEATH	Reg. Dist. No.
City or town	FOUNDATE OF Institution?	9 L E mits, write R ar, 29 death occurred SAV	MD URAL and give nearest town) days		mits, write RURAL and give hearest town)
	BRIDE 5. Color or race Colored	6.(a)Single	ETTE, married, widowed, or divorced		CERTIFICATION 19 4 7, at 1,05 P
7. Birth date of deceased (mo., da: 8. AGE: Ye	yr.) Januar ars Months	7 4, 18 Days) If alive, give ageyears 99 It less than one dayhrsmin.	21. I CERTIFY that death occurred on the date 8 / 3 and that I last saw h	19 46, to 9 / 1 19 45
10. Usual occupatio	Cobbin Bo N Lucy Sta	yd orth Ca	ept. of Agri.	Other conditions (Include pregnancy within Major findings of operations.	
Address 12 Ren	Deceased on, or removal. Which? atory	Date there	Jeley W. Wall	Autopsy results	causes, till in the following; Date of
19	4. 11 1947	/ Tow	land of Philip	Address June Da	A. D. or other L. Date signed Sept 11,19

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SEP 25 1947

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4. Sex

MARYLAND STATE DEPARTMENT OF HEALTH

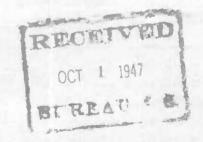
2411 N. Charles St., Baltimore

CERTIFICATI	E OF DEATH Reg. Dist. No.
County City or lown. City outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Cost Casterna Castern	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) il veteran, name war.
Rustin n. mc millar	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male white Single	MEDICAL CERTIFICATION 20. DATE OF DEATH SELECTION 19. 47. 21. 47. M
6.(b) Name of husband or wife NoNE. 8.(c) If allve, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 17. 10. 19. 17. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
deceased (mo., day, yr.) deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 76 5 23	Immediate casegot death OURATION Lover Preumonia Due 10. Generalized arlenossessis
10. Usual occupation	Dither conditions
14. Maiden name Larah M. Campbell 15. Birthplace North Caroling 18. Informant Mrs. Campbell Address 1505 Eastern any	Major findings of operations
(Burlal, cremation, or mondyal, Wilscha) Cemetery or crematory. Date thereof. Date thereof. (Burlal, cremation, or mondyal, Wilscha) Date thereof. (Burlal, cremation, or mondyal, Wilscha)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director W. W. Chambers Co. Address 5/7-//tl 80. 8. & Wash. D. C. 19. Sept 28 19 47. Associate however a Registrary (Date see'd by registrar)	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work? 23. SIGNATURE Richard E Flether M. 15. or other Address. Soo May & E. Date signed 4/25/47

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WRITE PLAINLY, is especially

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information carefully. The of death clearly and legible

TH UNFADING INK. Supply every item of portant. Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEPTIFICATE OF DEATH

OBKI II ICIII	Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	
Satherine Mary Mie	heel 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced termsle white married	MEDICAL CERTIFICATION 20, DATE OF DEATH. Sect. 9, 19 47, 21 9-8, 1
6.(b) Name of husband or wife Islamman Peter Micheel 6.(c) It alive, give age. 5. 6 years 7. Birth date of 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days If less than one day 4 /7hrsmin.	Immediate cause of death personal wk.
9. Birthplace (Town, county, and state) 10. Usual occupation (Town, county, and state) 11. Industry or business (Carthy 12. Name (Carthy 13. Birthplace)	Due to Aggressension Secto a Meahritis, acuta / wh. Dither conditions Diabelis Melliting 3 who.
14. Malden name 15. Birthplace 16. Informant	(Include pregnancy within 3 months of death) Major findings of operations
Address 17. (Burial, cremation, or removal, Which?) Date thereof September (1947) (Burial, cremation, or removal, Which?)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
Location Daneaport Spra	Where did injury occur?
18. Funeral director Address Liverglale	23. SIGNATURE Walcutt W. Libson M. D. or other 9-9-47

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BUREAU VS

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	State Moryland Count Irie Tee
City or town (17 ours of city to town miss we have the and give nearest town)	mitchellevelle ma
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Crave High
	(lf rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Aug. C. aul. of	Altanle 4 47 5:45
more married	20. DATE OF DEATH 19.47. 21.51.72
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decorated from
6.(c) If allve, give age year	10 10 10 7 10 7
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Yeare Months Days If less than one day	Immediaje cruse of death
8-57 / /hrsmin	
Service de la constant de la constan	
9. Birthplace(Town, county, and state)	Sue to
18. Usual occupation	Buo da
11. Industry or bysiness".	0.
	Other conditions Orlerionelines 1025
12. Name 12. Name 13. Birthplace	
E Olympia O well to the sale	(Include prognancy within 3 months of death)
14. Malden name Linger Dy 112 January 15. Birthplace	Major findings of operations.
15. Birthplace	Bate of op.
18. Informant fund more more	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address miletellerale nd	
17 Burial Date thereof 2 pt 8,1947	22. VIOLENCE If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)	Accident, suicide, or hamicide
Cemetery or crematory ML Carry	Where did injury occur? (City or town) (County) (State)
Location market my	Injured at home, farm, industry, public place (where?)
I F Gasche some	Msans of Injury Injured at work?
18. Funeral director.	1 Please me
Address Adjantivelle ma	23. SIGNATURE James C. Passer M. P. or other
19: Lest: 8, 19 47 Gmanda Wowney	Julken Manleson Man, J. or other
(Dake rec'd by registrar) Registra	Address Date signed Date signed

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VAING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legib

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SEP 20 1947

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	TE OF DEATH 940 Reg. Dist. No.	
1. PLACE OF DEATH: County Clay or town. State of the American Clay or town. State of the American Clay or town limits, write RUKAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Law County County County or town County County County County County County County County or town County	
3. (a) FULL NAME / Thomas Winfield Morgan	3. (b) Social Security Number	
4. Set 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20, DATE OF DEATH 9-26 19.4.7. 21.2	
6.(b) Name of husband or wife. Laura Elizabeth Morgan 6.(c) If alive, give age. 72 years 7. 8irth date of deceased (mo., day, yr.) August 20, 1868	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3 — 4	
8. AGE: Years Months Days If less than one day	man hel lackent 3	
9. Birthplace		
12. Name Googe N. Morgan 13. Sirthplace Washington D.C.	(1) And a second wideling months of doots	
14. Maiden name Mary Virginia Maco 15. Birthplace Washington D.C.	Major findings of operations	
16. Informant George Winfield Morgan (Son Address Seabrook, Maryland	Autopsy results PHYSICIAN: Please underline the eause to which death should be charged statistic.	

PLEASE WRITE PLAIN

Msans of Injury

Where did injury occur?(City or town) Injured at home, farm, industry, public place (where?) ...

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore /220

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08223 23/

Reg. Dist. No.

	1. PLACE OF DEATH: County Prince George City or town (If outside city or town whits, write RURAL and give nearest town) How long in above place of death? 17 Hours Hospital, institution, or street address where death occurred: Prince George Gen Hosp How long in hospital or institution? 17 hours	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	3. (a) FULL NAME	3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH 9 - 5 19 4 7 at 6 9
	Emma Virginia Millinix 5.(c) If alive, give age years 7. Birth date of deceased (mo., day. yr.) 8. AGE: Years Months Days If less than one day 85 7 24 hrs. min. 9. Birthplace Maryland 10. Usual occupation None 11. Industry or business 12. Name Robert Mullinix 13. Birthplace Maryland 14. Maiden name Baker 15. Birthplace 16. Informant Mrs. Elizabeth Pools Address 4911 Taylor Str. Bladensburg 17. Burial Germation or removal. Which?) Cemetery or crematory Howard Chapel Cemetery Location F. Gasch's Sons 18. Funeral director Address Hyattsville Maryland.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18.7
-	19. 7/9 194/ Umanda Deurey	Address Ayults, MG

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg.	Diat.	No.	d.	42	

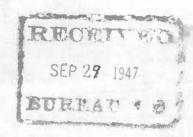
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County WWCL Hogy	
City or town (If outside city or town limits, white RUEAL app give nearest town)	State
	City or town Washington, F.
low long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
lospital, institution, or street address where death occurred:	Street No. 47 To ye St. W.W.
1021-28, ave.	(If rutal, giva LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sax 5. Color or race 6.(a) Single, married, widowed, or phopoed	MEDICAL CERTIFICATION
	WEDICAL CERTIFICATION
male Tagro Single	20. DATE DF DEATH
	21. I CERTIFY that death occurred on the date above stated; that I atjended deceased from
6,(b) Name of husband or wife	12. Jung 10 man to for for the state of the
	and that flast saw h. down_alive on
7. Birth date of deceased (mo., day, yr.) - 2.	1/1/2 - 1/2 -
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
69hrs.	
9. Birtholace Martinsburg, Hill.	Due to Malanulu from
(Town, county, and state)	General Debruty
1D. Usual occupation.	Due to.
11. Industry or business	
	Dther conditions.
12. Name Leastera, mike	Uther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Consuly	Major findings of operations.
14. Maiden name Tomily 1. 15. Birthplace Markelberg, M	
AT 15. Sirtispiace	Date of op.
16. Informant Comma Mariant (Tull)	Antepsy results
Address 516 - 48" (76, NE, - 5. C	
P 9 21-41	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory.	
Location Washington, W.L.	Injured at home, farm, Industry, public place (where?)
Malwall & Sohow Inc	Means of Injury Jujured at work?
18. Funeral director.	6/1
Address [+ 2 1/2 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	- Dhullobinson, MD
1114 11 11 6.11 76.10	23. SIGNATURE M. D. or other
19 Dept. 26 19 H Carrie J. Cample	(11) 1 Eastern / we Mente stand 9/26/6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legible.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Diat. No. 243	
PLACE OF DEATH: Frince George's City or town. Glenn Dale — Rural (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? 35 days Hospital, institution, or street address where death occurred: Glenn Dale Sanatorium How long in hospital or institution? 35 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Size D.C. County Washington City or lown (1f outside city or town limits, write RURAL and give nearest town) 2914- Sherman Ave., N.W. (If rural, give LOCATION)	
3.(a) FULL NAME James H. neale	3. (b) Social Security Number	
4. Sex 5 Color or race 8.(a)Single, married, widowed, or divorced male colored widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH	
7. Birth date of deceased (mo., day, yr.) Aug. 17, 1869	and that I last saw h	
8. AGE: Years Months Days It less than one day 78 0 1	Pulmonary Tuberculosis 12 d	
9. Birihplace	Due to	
Maryland Files Post on	Other conditions	
15. Birthplace ? Maryland	Major findings of operations. Date of op.	
16. informant Deceased Address	Autopsy results	
(Burial, cremation, or removal. Which?) Cemetery or crematory Harmony Cemetery.	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide	
Location Washington, D.C. 18. Funeral director, L. E. Murray + Lan	Magne of Jajury	
Address 1337-10# 5x., N.W. Washington, D. C. 19. Saht. (9. 19/7 Rowland S. Philips (Date recidby registral) (Date recidby registral)	23. SIGNATURE PANIL DE PINE DA DATE SIGNATURE DA PANIL DE SIGNATURE DE	

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2411 N. Charles St., Baltimore

08226

		CERTIFICA	TE OF DEATH Reg. Dist. No	273
1. PLACE OF DEATH: Prince Georges County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) D. C. County Washington City or town (If outside city or town limits, write RURAL and give n Street No. 1066-30th St., N. W. (If rural, give LOCATION) 2.(a) If veteran, name war	earest town)
4. Sex 5. Color		(a) Single, married, widowed, or divorced	225-05-282 MEDICAL CERTIFICATION	
Male Co	lored	Separated	20. DATE OF DEATH. SEPTEMPER 7,19 47	1 / A · W
7. Birth date of	Ada June 1.	. Worth O'Connor	21. I CERTIFY that death occurred on the date above stated; that lattended de-	ceased from
accesta (mo.; aa); /m	nths 3	Days If less than one day 6mi	PUL MONARY TUBER CULOSIS	DURATION 10 mass
9. Birthplace Leona Hell 10. Usual occupation		Maryland ounty, and state) truck	Due to	
H 12. Name Robe:		nnor land	Ulter conditions	
14. Maiden name	ary Lyl Ma	es ryland	(Include pregnancy within 3 months of deeth) Major findings of operations	
	Decease	d	PHYSICIAN: Please underline the cause to which death should be charged	d statistically.
17(Burial, cremation, or remo Cemetery or crematory		Date thereof. 944 9-1947 (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)
19. (Date recell by registator)	19471	Rowland S. Philip	23. SIGNATURE DANSE SE ADDRESS Address San Dale M. D. Date signed	and M.D. or other 9.7.43

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08228

CERTIFICAT	E OF DEATH Reg. Dist. No. 240
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME James Walter Ja	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Sengle	MEDICAL CERTIFICATION 20. DATE DE DEATH 20. DATE DE
5,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
7. Birth date of deceased (mo., day, yr.) Seb 18-1947	and that I last saw ht. alive on Sept. 8
8. AGE: Years Months Days It less than one day	Immedian cause of death. Frem aline bith 6 mo 25 hrs
9. Birthplace Mandywal Md (Towy, county, and state)	Oue to Thomature bill
1D. Usual occupation.	Due fo
11. Industry or business 12. Name 12. Name 13. Birthplace 13. Birthplace 14. 15	Other conditions
1	(Include pregnancy within 3 months of death)
14. Maiden name Mamul Jensens 15. Birtholace Lel alton	Major findings of operations
16. Interment anasida Jackson Miding	Antonay respita
Address Brandywere, Mid	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due fo external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory at house one factoring the control of the co	Where did Injury occur?
Location Brandywine Rural Md	Lajured at home, farm, Industry, public place (where?)
18. Funeral director Halter Pinkney asting	Means of Injury Injured at work?
Address Cheltenhame mat	23. SIGNATURE John & Bowers mA
19 Sept J T 19 4 7 F N. Bellingsler (Date rec'd by registrar) Registrar	Address Prandywine 2nd Date signed 9/19/47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	State Maryland County Prince Georges City or town Fedmonston (If outside city or town limits, write RURAL and give nearest town) Street No. 1902 19th Avenue (Ifrure), give LOCATION)	
F.dwin G. Porter 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH September 5, 19.47. 462.30. Pa	
8.(6) Name of hueband or wife Margaret. Porter	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from 19	
8. AGE: Years Months Daye If less than one day	Immediate cause of death	
9. Birthplace. San. Malcos. Texas. (Town, county, and atate) 10. Usual occupation Night. watchman. 11. industry or businese	Due to.	
12. Name James R. Porter 13. Birthplace Texas	Other conditions (Include pregnancy within 3 months of death)	
14. Maiden name. Mary Barbee. 15. Birthplace Texas	Major fiadings of operations. Date of op.	
16. Informant Margaret E. Porter	Autopsy results	
Address 1902 19th Sye Edmonston, Maryland 17 Surial (Buriar, cremation, or removal, Which?) Cemetery or segmatory Cemetery or segmatory Comparison Comparison	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Location refunction, Va.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director W. Chamber Address June dale Prob 19. 9 (Confered by registrar) 19.47 Amanda Danne, (Dajo ree'd by registrar) Registrar	Deputy Medical Examiner 23. SIGNATURE M. M. Dorother Address Forestville, Maryland Date signed 9/6/147	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

308	23	()	7 44 7
Reg.	Diat.	No.	4.7.3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Prince Georges Glenn Dale, Maryland	State D. C. County	**************
City or town. Glenn Dale, Maryland (If outside city or town limits, write RURAL and give nearest town)	City or town Washington (If outside city or town timits, write RURAL and give neares	
How long in above place of death? 1 year, 2 mos., 30 days		
Glenn Dale Sanatorium	Street No. 1717 Seaton St., N. W.	
How long In hospital or Institution? 1 yr., 2 mos., 30 days	2.(a) If veteran, name war.	. /
3. (a) FULL NAME	3. (b) Social Security Nu	mber
RAGLAND EVELY/ 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female Colored Widowed	20. DATE OF DEATH 347 21	935
6.(b) Name of husband or wife Percy Ragland	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	d from
7. Birth date of Access to 1972	6/5 19.46 to 9/5	
7. Birth date of deceased (mo., day, yr.) August 8, 1910	and that I last saw h	
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
37 37 0 28hrsmin.		
9. Birthplace Philadelphia, Pennsylvania (Town, county, and state)	Due to.	
10. Usual occupation Maid - Hotel		****************
11. Industry or business		
	Other conditions	
12. Name Clarence Frazier 13. Birthplace Rockville, Maryland		•••••
	(Include pregnancy within 3 months of death)	
Dealers Margaret	Major findings ol operations	
	Date of op.	
16. Informant Deceased	Autopsy results	listically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following:	
17	Accident, suicide, or homicide	
	Whera did injury occur?	
Cemetery or crematory		itate)
Location Con Con Con Con Con Con Con Con Con C	Injured at home, farm, industry, public place (where?) Maens of Injury tnjured at work?	. * *
18. Funeral director LO Crales Stock Co	meens or injury (injured at work?	
Address 1432 Epol St All	23 SIGNATURE Daniel Leo Finucan	m&
Sent 5 47 Roule dol Philips	M. D. or o	ther
19. (Date rec'd by registrar) Registrar	Address Vlenn Hale Mol Date signed 9	15147



.Date signed ...

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

OF	DEATH		Reg. Diat.	No. 2 3 4
2. USUA (For	L RESIDENCE (1-	OME) OF e residence of m	other)	Talk yes
City or tow	(If outside eity	or town limits,	write RURAL and	give nearest town)
Street No		(If rural, give L	OCATION)	
2.(a) If vet	eran, name war			
			3. (b) Social Se	curity Number
coe				
2D, DATE OF	91	VA CE	RTIFICATIO	1 10
	FY that death occurred		stated; that I attend	led deceased from
and that I be	est saw hNoomally		EX 10 911	1947
	cause of death			DURATION
H	rocand	los	***************************************	
	(jirpu f	Jecien	4	
Due to				1
	tulmo-	wary		107
Due to	Tub ex	مسان	aro	
other condit	lons	***********************		
	(Include pregn	aney within 3 m	onths of death)	
Major findi	ngs of operations	****************		
			Date of o	D
Antopsy re PHYSICIAL	sults N: Please anderline (he cause to whi	ch death should be	harged statistically.
22. VIOLE	NCE: If death was du	e to external caus	es, fill in the following	s:
Accident, s	ulcide, or homicide	••••	Date of	of
Whers did I	njury occur?	City or town)	(County)	(State)
injured at h	ome, farm, Industry, 1	public place (who	ere?)	
Missas of In	jury	$-\Lambda$	Injured at wo	rk?
	Jan.	2	walh	M. M.

correct age PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLEASE

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	CERTIFICATE OF DEATH
1. PLACE OF DEATH: Dr. Gleory City or town (If outside eity or town limits, write RURAL and How long in above place of death? Kospital, institution, or street address where death occurred:	City or town
How long in hospital or institution?	Street No
3. (a) FULL NAME Slorge Alec 4. Sex 5. Color or rad 5. (a) Single, married,	Rennoe ME
	Pennoe 20. Date Of DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less	than one day and that I last saw h
9. Birthplace	Due to Due Due to Due to Due to Due to Due D
11. Industry or business 12. Name Ren 13. Birthplace P.A. George	Dther conditions
14. Malden name. Emma Jay	(Include programme) Major findings of operations
16. Informant Address Address Date thereof	Antapsy results
Cemetery or crematory Bulloh M.	Accident, suicide, or homicide Where did Injury occur?
1B. Funeral director	4 mar
19. 9 19 Mrs. A	Clan Davis Registrar Registrar Addres Waldow

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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CERTIFICATI	Reg. Diat. Nok	
1. PLACE OF DEATH: County PRINCE SEOREE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	State MD. County PRINCE TO State City or town (If outside city or town limits, write RURAL and give pear	
Hospilal, Institution, or street address when death occurred:	Sireel No. 6542-A ST. Inc. Off.	mel
How long in hospital or institution?	2.(a) If veleran, name war	**************
3.(a) FULL NAME CHARLES K. RITT	ER	lumber
4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. Second 2 19.4.7	94
B.(b) Name of husband or wife ERALE M. RITTER	21. I CERTIFY that death occurred on the date above stated; that t attended decea 9/9/37	sed from
7. 8 Ir/h date of deceased (mo., day, yr.) /2-12-18-84	and that t last saw h. im. allve on Sept. 2., 1947 Immediate cause of death Pulmonary toc	OURATION
8. AGE: Years Months Days It less than one day	Immediate cause of dearm	
9. Birthplace	Due to	****************
10. Usual occupation. JEWELFR	Due to	***************************************
11. Industry or business 12. Name	Other conditionsNone	***************************************
	(Include pregnancy within 8 months of death) Major findings of operations	
15. Birthplace D.C.		
Address 6502-AST ma Oh md	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
17. (Burlal, cremation, or removal, Which?) Dale thereof. (Month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory. Manha Malla.	Where did Injury occur?	(State)
18. Funeral director. D. M. Thambes Co	Means of Injury Injured al work?	
Address 317-11 ff 5.1=1	23. SIGNATURE MM. D. o	r other
19. (Date red 1 by registrar) 19.4 (Arru J. Amplitus Registrar	Address 1252 Est to Date strong	824

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legitly.

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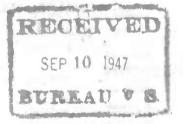
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08233 23/

1 PLACE OF DEAT	Prince	George		2. USUAL RESIDENCE (HOME) OF DECEA (For newborn infants give residence of mother)	
				State Maryland County	Prince George
How long in above place of Hospital, Institution, or str	death?	9 hour death occurred leorge	Gen. Hosp.	City or town (If outside city or town limits, write Ri	UNAL and give newest town)
How long in hospital or in	stitution?	9 hou	r.s	2.(a) If veteran, name war	
3. (a) FULL NAME Ann	- 40		Scott.	3. (b)	Social Security Number
	. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIF	ICATION
Female	W	M	arried	20. DATE OF DEATH	6 1947 11 PP
			c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; ———————————————————————————————————	that I attended deceased from 9 - 6 19.4.7. 9 - 6 18.4.7.
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death Coma	24 hour
1D. Usual occupation	Но	usewif	th Carolina	Due fo	
	N.C			(Include pregnancy within 3 months of	death
14. Maiden name				Major findings of operations	
16, Informanf	Jack S	cott		Autopsy results	
	erwyn A	arvla	nd	PHYSICIAN: Please underline the cause to which death	should be charged statistically.
17	removal. Which	Date ther	emetery (1947)	22. VIOLENCE: If death was due fo external causes, fill in Accident, suicide, or homicide	(County) (State)
18. Funeral director	aurel M	i's So	ns <i>sone</i>		Injured at work?
. /	Hyatts	rille		23. SIGNATURE W32007 12.	M. D. or other M. Date signed 9-7.47.



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PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()8234 Reg. Diat. No. 2.40

1. PLACE OF DEATH: County City or town Made eity or town limits, write RURAD and gry merest lown)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death?	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME Color Welliam Sests.	3. (b) Social Security Number
4. Sex 5. Color or race 8.(0) Single, married, widowed, or divorced maried	MEDICAL CERTIFICATION 20. DATE OF DEATH Sept 11 1947, at 5.7.
6,(b) Name of husband or wife Catherine Scott 6,(c) Name of husband or wife Catherine Scott 6,(c) Name of husband or wife Catherine Scott	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
T. Birth date of deceased (mo., day, yr.) (1119 15 th 1866	anothal I last saw h 197 allve on 197
8. AGE: Years Months Days If less than one dayhrsmin.	Immedia gove of death Chisma Mysearditis breyes
9. Birthplace Charles (Town, eounty, and state) 10. Usual occupation Parming	Due to asterio - Sclerofis & High Blood Pressure inclef.
11. Industry or business	DUE 10.
12. Name Don't Know	Dither conditions
14. Maiden name many Sutler	(Include pregnancy within 3 months of death) Major findings of operations.
El 15. Birthplace Charles Co-ma	Date ot op
16. Intermant Mande Lan Caster	Antopsy results
Address 17. Surial (Burial, eremation, or removal. Which) (Burial, eremation, or removal. Which)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide
Cemetery or crematory Than	Where did injury occur?
Location Fire Calland	Injured at home, farm, industry, public place (where?)
18. Funeral director than the first the first than	Means of Injury Injured at work?
10 Sept. 18 10 47 FH Billingslee	23. SIGNATURE John Co 1 Dowers, M. D. or other M. D. or other Alia 11.77
(Date rec'd by registrar) Registrar	Address Massey with Date signed 9/12/4

SEP 18 1947

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08235 Reg. Diat. No. 23 L

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county PRINCE 2/20-ces	(For newborn infants give residence of mother)
City or town Chevelehus	State Mory Land County State
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town Den ton mo
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where feath occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) t1 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Short Mr Leland	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
make IN morried	20. DATE OF DEATH / Septem 1248, 47,2 P
mo-tha	
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated: that I attended they sed from
	19 19 10 19 45
7. Birth date of $12 - 19 - 189$	and that I last saw h
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	Nephrilis & OKEMIA
a Richalace Mond ond	
9. Birthplace (Town, county, and atate)	Due to
10. Usual occupation Farmes	
11. Industry or business	CONGESTIVE MEARI.
= 12 Name Alphous Short	Other conditions FAILURE; AUYICUPAR
12. Name Alphous Short	FIBRILLALI ON
# 14. Maiden name Dona Tro. #	(Include pregnancy within 3 months of death)
14. Maiden name Dona Tro. 17 15. Birthplace Maryland.	Msjor findings of operations.
16. Informant W. Fe marthe	Antopay results No Autopsy Date of op.
Address	PHYSICIAN: Please underline the eanse to which death should be charged statistically.
B . 0 South 4 1644	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereol	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location Deuton and	Injured at home, 1arm, industry, public place (where?)
18. Funeral director & Vingel Moore Some	Means of Injury Injured at work?
Address Panton many land	101 Glenne
, 9/3 ,47 amanda Down	23. SIGNATURE 190 M. D. 75-1-4"

Mies Journey Fatti, are, ng, Ind, The correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-45-15M

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CERTIFICATE OF DEATH

			CERTIFICA	IE OF DEATH Reg. Dia	t. No
1. PLACE OF DEAT	H: Ge Georg	e's C	ounty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Hvat	tsville	. Mar	yland ÜRAL and give nearest town)	State Maryland County Princ	e George's
(If outs	side city or town lin	nits, write R	URAL and give nearest town)	City or town Hyattsville, Maryl	and
How long in above place of Hospital, Institution, or str	dealh?	o yea	.1.3		
nospital, institution, or sit	CCI ZMC1033 MINGIG W	es es		Street No. 4007 Nicholson Avenu (If rural, give LOCATION)	
How long in hospital or in	oflintian?			2.(a) If veteran, name war. None	
3. (a) FULL NAME					C 4 N L
J. (a) TOLL HAML	ELSI	E RUI	H SIMPSON		Security Number One
	. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATI	ON
FEMALE	WHITE		MARRIED	20. DATE DE DEATH SEATH 21	10 47 11 4 A
6.(b) Name of husband	z Newto	m M.	Simpeon	21. I CERTIFY that death occurred on the date above stated; that let	
				Jackey 16 18 47 to de	
7. Birth date of			e) If alive, give ageyea	and that I lost saw h. S.L. alive on	
deceased (mo., day, yr.)				Immediate cause of death	DURATION
8. AGE: Years	Months	Bays	tf less than one day	Carcinana, multiple	
			hrismli	mitastana	
9. Birthplace Lou	don Cou	nty,	Virginia	Duo to Cercina , right bu	est 2 yrs
10. Usual occupation	House	wife			**************************************
11. Industry or business				Due to	***************************************
質 12. Name JC	ohn Bran	hall		Diher conditions	, 0.00000-0000-
13. Birthelace Lo	oudon Co	unty.	, Virginia		***************************************
Ed to putilities				(Inclode pregnancy within 3 months of death)	
H			cer	Major findings of operations.	
			y, Virginia	- Bush Dale o	op. 194.
16. informant Mr.				. Autopsy results	
Address 4007	Nichols	on Av	re., Hyatts., M	PHYSICIAN: Please moderline the cause to which death should he	s charged statistically.
17. Burial (Burlal, cremation, or		Date there	Sept. 22,19	4722. VIOLENCE: If death was due to external causes, fill in the follow. Accident, suicide, or homicide.	ring;
(Burlal, cremation, or	removal, Which?)	Date inere	(month) (day) (year)	Accident, suicide, or homicide	e of
Cemelery or crematory	Lutherr	1 Chur	ch Cemetery	Where did injury occur?	r) (State)
Localion Love	ttsville	, Vir	ginia.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director				Means of Injury Injured at	work?
			., Riverdale,	Md.	
177		1	, in to a data of	23. SIGNATURE Luclius Jungfores	m, m.D.
18 Olph 21	1947	Jan	uns Serry		M. D. or other
(Date rec'd by regist	rar)	//	Registra	Address 5423 amastalis all De	ite signed 9/21/47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Weg. Disc. No
1. PLACE OF DEATH: Se	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give resigence of mother)
County Prince PEON	mi man on II
City or 10wn (If outside city or town limits, write RURAL and give nearest town)	State County County
How long In above pisce of death? 3 no 76 days-	City or town
Hospital, institution, or street address where death occurred:	2646 K'+ Ban 218-
Laure Davitarliem	Street No. (If rural, give LOCATION)
How long In hospital or institution? 3 mo. 76 2042	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Blanche Smith.	
4. Sex 5. Color or risce 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Juste Weete wedown	20. DATE OF DEATH. SERT 4 19 47 21 4 - P.
Talu nr. en the	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
6,(b) Name of husband or wife.	may 13 1947 10 Def 4 1847
5. (c) It alive, give sgeyears	and that I lest saw her slive an Sefet 27 19 47
decessed (mo., dsy, yr.) November 6 - 1864.	Immediair cause of death.
8. AGE: Yesrs Months Days If less than one day	BB. IT Cordeal delatation 12 ar.
82 28min.	1 PM Paul Paul Paul Phalis I I I I I I I I I I I I I I I I I I I
Philos Rachin Pa.	Orlania Schenaria -
9. Birthplace (Town, county, and state)	Due 10.
1D. Usual occupation Hause wife	
	Due to
11. Industry or business	
12. Name Chas Tings more 13. Birthplace Pa.	Dther conditions
	(Include pregnancy within 3 months of death)
H 14. Maiden name (Clueta Bond.	
H 14. Malden name Reliquea Sond; 15. Birthptace	Major findings of operations.
D	Date of op.
16. Informant	Autopsy results
Address Pallel Pra.	22. VIOLENCE: If desth was due to external causes, fill in the following:
17. Burial par semation or removal, Which?) (Burial cremation or removal, Which?) (Burial cremation or removal, Which?)	
(Dusting Comments)	Accident, suicide, of itemited
Cemetery or crematory Woodlawn Cem.	Whers did injury occur?
Woodlawn, Md.	Injured st home, farm, Industry, public place (where?)
WM. J. TICKNER & SONS	Msans of Injury Injured at work?
18. Funeral director.	00 200
Address Balto., Md.	23, SIGNATURE RECERCIENT TOO BOOM TO D.
19. 9-6- (Date rec'd by registrar) 19. 47 (L. W. Heferlet) Registrar	Address Colore O Color Color Date signed St. 3-44

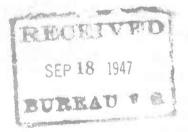
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

\$ 08238 Reg. Diat. No. 2.43

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
GUUIRY	State D. C. County
City or town	
How long in above place of death? 5 mos., 22 days	City or town Washington (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 2622 K. St., N. W.
Glenn Dale Sanatorium	(If rurat, give LOCATION)
How long to hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
raymond 6. Snow	578-16-5200
4. Sex 5. Color or rate 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Single	20. DATE OF DEATH
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended disceased from
	3/11 1946 10 9/3 1947
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) RAGE- Years Months Days If less than one day	Immediate cause of death
o. Auc.	Pulmonary Tuteraulon 1 gr.
JE JE 7	J 11 7716 \$
9. Birthplace	Due to
10. Usual occupation Porter	
	Due to
11. Industry or business	
12. Name Walter Snowden 13. Birthplace Virginia	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Johnson 15. Birthplace Maryland	Major findings of operations
15. Birthplace Maryland	Date of op.
16, Informant Deceased	Autopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Removal Date thereof Sept. 3,1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide,
Cemetery or crematory	Whers did injury occur? (City or town) (County) (State)
location to Washington DC.	Injured at home, farm, Industry, public place (where?)
	Msans of injury Injured at work?
18. Funeral director.	D . 20 A.
Address Address	23 SIGNATURE X / and LOD + mucane MD
19. Sept. 3,19 47 Kowland S. Philips	Syle Dale Md M. D. or other
(Illute regid by Fegristrar) / Kebistrar	Il Addrage / 11// William / / / / / / / / / / / / / / / / / / /



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MARYLAND STATE DEPARTMENT OF HEALTH

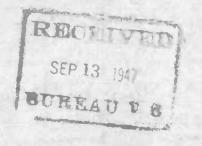
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

				1	-
			12	1/	2
69.	Diat.	No		. Z	-

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants rive residence of mother)
County Prince terrses	State Mary Und County Bound 2019!
City or town. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town) imits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred.	Street No. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Stewart, Josep	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fe Col married	20. DATE DF DEATH
8, (b) Name of husband or wife MOSES Stewort	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
	april 1947, to July 194/
7. Birth date of deceased (mo., day, yr.) May 30 18 27	and that I last saw half alive on 194
8. AGE: Years Menths Days If less than one day	Immediate cause of death DURATION - 3 mo
70 3 9hrsmin.	
9. Birthplace Bowie Md	Due to 1 dy but cusine Ou diovascula 10 yrs
(Town, county, and state)	Disease.
10. Usual occupation	Due to
11. industry or business	211
E 12. Name UMSUUU !	Other conditions Ptha a cerebral
13. Birthplace	(Include pregrancy within 3 months of death)
14. Malden name. CULLANDON,	Major findings of operations.
≥ 15. Birthplace	Date of op.
18. Informant Medber- ms F Clutams	Autopsy results
Address Bowie md -	PHYSICIAN: Please underline the cause to which death should be charged statistically.
2000	22. VIOLENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Down a Might	20 SIGNATURE John B Lyous L ml)
a deste 11 will True all Grieding	M. D. or other
19. Chart would by parishan	1364 10 mod not offerd 9-10-41.



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ne correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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08239

CERTIFICAT	TE OF DEATH Reg. Diat. No. 243
1. PLACE OF DEATH: County A surface ## defends Highway City or town. Gif outside city or town limits, write RURAF and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced somale white married	MEDICAL CERTIFICATION 20. DATE DE DEATH. Seft. 4 19.47 al 6.34
6.(b) Name of husband or wife. Everett B. Stough	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) august 20, 1888	and that last saw h. E. alive on 19.7
8. AGE: Years Months Days It less than one dayhrsmin.	Cerebro-vascula hemorhys
9. Birthplace Fayettesville Carkansos (Town, equnty, and state) 10. Usual occupation. Authority of business	Oue to Higher transic Cardioners
12. Name Laurque Seyler 13. Birthplace Cenknown	Other conditions New Vision Mallitus Mallitus Grandley (Include pregnancy within Stonths of death)
16. Informant Everette & Stough	Major fiediogs of Sperations
Address Addres	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
Location 3201 - Bladensburg Rd. Colman Man	Thursed at home, farm, industry, public place (where?)
18 Funeral director William &M alley	Means of Injury Injured at work?
Address 3200 - R. J. ave. Mt. Raines mod	23 SIGNATURE Sullius Sauffman, MAN
19. 9 7 amonda klowna Registrar	Addrew 5 423 Champolic Road Date signed 9/4/47



	2411 N. Charl	es St., Baltimore 940	
	CERTIFICAT	TE OF DEATH	Reg. Dist. No. 245
County City or town. (If outside city or town limits, write RURAL and How long in above place of death? Hospital, institution, or street address where death occurred the long in hospital or institution? Long in hospital or institution? 28 hours	ges de ve nearest town) ospatal	Street No. 3310 - Perri	County AMACL S LONGLS County AMACL S LONGLS mits, write RURAL and give nesrest town) Letter LOCATION)
3. (a) FULL NAME Edward	d Thon	rleson	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, male white wido	widowed, or divorced	MEDICAL 20. DATE DF DEATH.	S 19.47 a Six
do 44 10	than one day	21. I CERTAY that death occurred on the date SEPTEMBER and that I last saw h. J.A. alive on	September 8 19
9. Birthplace Gincinnati 10. Usual occupation Real Estate	Shio.	Due to	
11. Industry or business 12. Hame & dward & Thore 13. Birthslace & incinnati	njason	Other conditions Decenalized	d artures elevers
14. Maiden name Bridgett / a 15. Birthplace Cincennati, C	ne This.	(Include programmy within	
16. Informant Gatherine Mc M. Address 3803-37th St. Mt. R.	ahon ainier, md.		a which death should be charged statistically.
Burial (Burial, cremation, or removat, Which?) Bate thereof S. M. Clavet D. M. Clavet D. M. C.	st. 11, 1947 month) (day) (year)	22. VIOLENCE: If death was due to externa Accident, suicide, or homicide Whera did Injury occur?(City or tow	Date of
10 cation Mt Olivet & Bladens	mry Roads 7	City or tow	
Address 3200-R.J. ave mt. R	airier, Md	23. SIGNATURE aveil	V. Clayman
(Date rec'd by registrar)	s - Severe Registrar	Address Mr. Raining	A red Date signed 9-8-1

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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City or town	ear, 3 months, 3 days an occurred: a Sanatorium ar, 3 months, 3 days	2. USUAL RESIDENCE (HOME) (For newborn infants give residence State D. C. City or town Washington (if outside city or town lim Street No. 609 New Jersey (if rural, gi 2.(a) It veteran, name war.	Coucty	town)
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced		258-03-80h0 CERTIFICATION	
Male Colored	Single	20. DATE DF DEATH	A	1.400
6.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date a	above stated; that I attended deceased 19. 4. 7. to Septit. II.,	from 11,19 4.7 18 4.7
8. AGE: Years Months	Days If less than one day	Immediate cause of death. Pulmonary Ju	lurculosis 11	DURATION US 4 MAT
36 . 36 11	79min.	J-www.		7.6.1
	deorgia unty, and state) Bureau of Engraving	Due to		
置 12. Name Jackson I	Vallace	Dther conditions		
14. Maiden name Annie Bro	OWD.	(Include pregnancy within		
16. InformantDeceased		Autopsy results	which death shootd be charged statis	sticelly.
17(Burial, cremation, or removal, Which?)	Date thereot , forth (day) (year)	22. VIOLENCE: If death was due to external of Accident, suicide, or homicide	n) (County) (St (where?)	tate)
19. Sept. 11, 1947 1	Lowland & Phely	Se Gale	P.D. F. Insucana M. D. or ot M. D. or ot M. D. or ot Date signed 91	11/47



THO NFADING INK. Supply every item of information carefully. The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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08243

CERTIFICATE OF DEATH

Rev. Dist. No. 231

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	ma PA Mod.
(If outside city or town limits) write RURAL and give nearest town)	State County
How long in above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town)
How long in above place of death	1150 S Smalala de
Pr. Suo. Hosp	Street No. (If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Warnall, M. Wallet	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION (/
m m	a - 11 117 118
D D D D	2D, DATE DF DEATH
8.(b) Name of hysband or wife teleca T. Wanna	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
	9 - 3 19 4 7 10 9 - 1/ 19 4 7
7. Right date of	and that I last saw h
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Yeare Months Days If less than one day	Pourtonitis 5 day
3 9 4 20hrsmin.	
D.C.	Due to Distrustion World (dans
9. Birthplace	aldorinal post-objective
10. Usual occupation PBX Installed	
	Due to
11. Industry or business	
12. Name D. C.	Diher conditions
13. Birthplace Q. C	COLUMN TABLE OF TABLE
14. Malden name mary Louncy	(Include pregnancy within 3 months of death)
	Major findings of operation (Chalelittiasia & Kesuluke
15. Birthplace	Would 3 Resulting Wound Date of on 9 9-6-47
16. Informant YNO. Relieved Connact	Autopsy results 39-8-47
Addres 4505 Emerson St. Hyattow	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D - 1 1 1 1911	(22. VIOLENCE: If death was due to external causee, fill in the following:
(Burial, cremation, or removal Which?) Date thereof. (wonth) (day) (year)	Accident, suicide, or homicide
1 2 2 1 4 4 1 4 4 1 4 4 1 4 4 1 4 4 1 4 1	Where did injury occur? (City or town) (County) (State)
Cemetery or gregoatory.	
Location Colinge Manor Ma.	Injured at home, farm, Industry, public place (wherb2)
18. Funeral director 200 Los Sous	Meane of injury tnjured at work?
1 28 11 H 0 1 7 1 9	I D. Chian
Addrese S 0.0 -4 ML S T	23 SIGNATURE WILLIAM CAMO LICH, H M. I
19. 9/11 18 47 Amanda Downey	1711/1/087111 111= 6 D.C. M.D. or other 1000
(Date rec'd by registrar) Registrar	Address / 46-11 Sty, W., Wash, J., Bate signed /// sept 4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

08244

Reg. Diat. No. 254

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Prince Georges County	State Maryland County Pro Geo
City or town	
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Sireet No. 3934 Madison St.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Minerva Ruth Watson	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white married	20, DATE OF DEATH. Left 6 194 7 21 1 30/
6.(b) Name of husband or wife. Eugene Reed Watson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) May 13, 1918	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
29hrsmin.	
weshington D G	I I shall
9. Birthplace Washington D. C. (Town, county, end atate)	Due to The Color of the Color
10. Usual occupation Houeswife	
11, Industry or business	Due to
12. Name Charles Henry Hild Maryland	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Minnie Steinmire 15. Birthplace Saltimore Md.	Major findings of operations.
15. Bidhplace Baltimore Md.	Date of op.
16 Informant Geo. E. Hild.	Autopsy results
Address Hyattsville Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, fill in the following:
t7. Burial (Burial, cremation, or removel, Which?) (Burial, cremation, or removel, Which?)	Accident, suicide, or homicide
Cemetery or crematory Cedar Hill Cemetery	Where did thjury occur? (City of them)
Suitland Maryland.	laired at home farm laductry nubile place (where?) Kingle Of
Location r. Gasch's Sons	Controllers of the Controllers in
18. Funeral director. Z, Essetts Sons	helplit The de and Co.
Address Hyattsville Maryland.	mergery business, crames
9/9 11 /1 /	23. SIGNATUREM. D./F other
19. (Deta rec'd by registrar) 19. (Deta rec'd by registrar) Registrar	Address Theatrilli w Date signed 9 64

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Prince Deurges	State Col 1 For nia county
City or town (If outside city or town limits, write RURAL and give nearest town)	1- Reart
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	Street No. 4330 - Linder ave.
Prince Leorges Den. Hospital	(If rural, give LOCATION)
How long In hospital or institution? 50/ day	2.(d) If veteran, name war.
3.(a) FULL NAME Mrs. Pheoher Vuils	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	MEDICAL CERTIFICATION
Female VV VV. do wed	20, DATE OF DEATH 2 6 Sept 19 19 19 10 /G
8.(6) Name of husband or wife George Wilson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7, Birth date of 9 14 2 19 19 20 20 20 20 20 20 20 20 20 20 20 20 20	and that I last saw halive on
deceased (mo., day, yr.) Sept 8, 1865	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Paricione avenia 2 40 s
82 0 18hrsmin.	1
9. Birthplace	Due to generalized arteus schwir 10 yra
10. Usual occupation.	anter- Interior
	Due to 6 must
11. Industry or business Stoken Becktel	Primara Ditto Unburge
12. Name Stephen Becktel 13. Birthplace Par.	10/24/47 q.s
	(Include pregnancy within 3 months of death)
14. Maiden name Rosella Kelchnen 15. Birthplace	Major fiadiags of operations
V 15 Richaldes	Date of op.
16. Information 16. Informatio	Actopsy resolts.
	PHYSICIAN: Please coderline the cause to which death should be charged statistically.
Address 3195 Perry St. Mt. Kanie	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial, cremation, or removal, Which?) Date thereof (month) (clay) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (play) (year)	Where did latery occur?
Cemetery or crematory East Werper to essellery	
Location aleron, Olivo.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Ulm & Malley	Meens of Injury Injured at work?
Address 3200 - R. Dave. mt. Raines, Md.	23 SIGNATURE Blyamen S. Imeler
9/27 Un Born de Marine	23. SIGNATURE
19. (Date rec'd by registrar) Registrar	Address

SEP 30 1947
BUREAU * 6

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: city or town limits, write RURAL and give nearest town How long in above place of death?...... Hospital, institution, or street address where death occurred: information of death clea 2.(a) If veteran, name w How long in hospital or institution? 3. (a) FULL NAME 4. Sex BINDING 20. DATE OF DEATH 21. I CERTIFY that death FOR 7. Birth date of and that I last saw h deceased (mo., day, yr.) DING INK. Supply hysicians: please wri RESERVED Other conditions. 14. Malden no 15. Birthplace especially PLAINLY, is especially PHYSICIAN: Please noderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did Injury occur? 国 RITI Injured at home, farm, industry, public place (where?) Means of Injury Address

IF	3. (b) Social Security Number	
MEDIC	AL CERTIFICAT	ION 19. 4.7. al 6 2
		landed deceased from
treto	21	drome 41
	arterio	clerosis -

Injured at work?

(Date rec'd by registrar)

